

Accurate Biometrics
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Web Site: www.accuratebiometrics.com

Rolling Meadows Police Department UCIA

Thank you for choosing Accurate Biometrics for your fingerprinting needs.

PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT CLEARLY)

Last name:

First name:

Middle Initial:

Daytime Phone:

Date of Birth:

Sex: (circle one) Male Female

(circle one)

Race: White Black Hispanic Asian American Indian/Alaskan Other

REQUESTOR INFORMATION

Name: Gaspari, Tony Agency Name: Rolling Meadow Police

Street Address: 3600 Kirchoff

City Rolling Meadows State: IL Zip Code: 60008

I, the undersigned, authorize Accurate Biometrics to capture and transmit my fingerprints and above-noted demographic data to the Illinois State Police. I understand that the Illinois State Police will return the results of the fingerprint search to the Requestor listed above.

Signature _____ Date _____

(Do Not Write Below This Line—For Office Use Only)

F.P. Tech: _____ TCN: _____

Date Fingerprinted: _____

Pay on Site Fee: \$40.00

12/09