

Fax signed and completed form to: 312-226-6821

Uniform Conviction Information Act (UCIA) Name Check Inquiry

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

I, the undersigned, authorize Accurate Biometrics to transmit the above-noted demographic data to the Illinois State Police for searching of the Illinois State Police Criminal History Database. I understand that Accurate Biometrics will return the results of the fingerprint search to the Chicago Police Memorial Foundation.

Applicant Signature _____ Date _____