

225 E Nicholas Street  
Carlinville, IL 62626  
Phone 217-854-4016  
Fax 217-854-2032



201 West Exchange Street  
Jerseyville, IL 62052  
Phone 618-498-5541  
Fax 618-498-5543



**ROE #40 — Carlinville**  
**Fingerprint Fee Applicant Consent Release**  
**Schedule your appointment at [www.roe40.com](http://www.roe40.com)**  
**Fax or bring this completed form to your appointment**

*Please print clearly— must complete all*

Appointment Date \_\_\_\_\_ Time: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth (XX/XX/XXXX) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
State where born (If outside US, enter country) \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

**Applicant Authorization:** I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and or Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate Purpose for Fingerprinting

- Registered Nurse (IDFPR)
- Security, PERC (IDFPR)
- Licensed Practical Nurse (IDFPR)
- School Teacher
- School Bus Driver
- Video Gaming (IGB)
- Conceal Carry
- Conceal Carry Instructor (CCI)
- Other—please specify \_\_\_\_\_

**IMPORTANT:**

If this appointment is for school district/business that will be making payment there must be an authorized signature here:

School Dist /Business Name:

ORI # \_\_\_\_\_

Authorized by: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY**

Proof of Identification:  Drivers License,  State ID,  FOID,  Passport,  Military ID,  Other  
Method of Payment:  CASH,  Credit/Debit Card,  Money Order,  Company Check  
Fee Amount: \$ \_\_\_\_\_ Billed \_\_\_\_\_ Collected \_\_\_\_\_

Reference Number: \_\_\_\_\_ TCN# LS11122L

Fingerprint Technician \_\_\_\_\_

**Note—Once the information is transmitted, in most cases the requesting party should receive the results within a few business days, but occasionally it can take up to 30 days**