

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 — Jerseyville
Fingerprint Fee Applicant Consent Release
Schedule your appointment at 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# LS11104L

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