



**Choice Biometrics LLC**  
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Fax: 312-337-8294  
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## STATE OF ILLINOIS BACKGROUND CHECK

Please complete the fields below (print clearly):

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State/Country): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender (circle one): Male/Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race (circle one): White Black Hispanic Asian American Indian/Alaskan Other

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

### Agency or Requestor Information

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, the undersigned, authorize **Choice Biometrics, LLC** to capture and transmit my fingerprints and demographic information provided above to the Illinois State Police. I understand the Illinois State Police will return the results of the fingerprint search to the requested person or agency listed above.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Thank You

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### Office Use Only Below This Line

Date: \_\_\_\_\_ Technician: \_\_\_\_\_ TCN: LS11435L8256\_\_\_\_\_