



Office for the Protection of Children and Youth
 Office for Assistance Ministry
 Office for Child Abuse Investigations and Review
 Safe Environment Office

P.O. Box 1979
 Chicago, Illinois 60690-1979
 Phone 312-534-5388
 Fax 312-751-8307

FINGERPRINT APPLICATION FORM

All applicants must present a photo ID to the technician

Archdiocese of Chicago ORI # **ILL 136 97S**

Purpose Code: AWA

Instructions: This form is to be completed by the applicant seeking to have a fingerprint based criminal history record information check completed. Please print clearly in completing the form. The form must be signed by the applicant to authorize the release of any criminal history record information that may exist. Once the fingerprinting is completed, the fingerprints are submitted to the Illinois State Police and Federal Bureau of Investigation for processing. The form containing the applicant’s original signature authorizing the release of any criminal history record information that may exist, will be maintained in a file by the Archdiocese of Chicago, Office for the Protection of Children and Youth. Present a completed copy of this form and a photo ID to the LIVE SCAN vendor.

Applicant Last Name: (print)		First: (print)	Middle Initial
Date of Birth:		Sex:	Race:
Height:	Weight:	Hair Color:	Eye Color:
Address:			
Drivers License #		Drivers License State	
Place of Birth (State or Country if outside of USA):			
School Name:			City:
School Code #:			Zip code:
<p>Applicant Consent: 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 will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. 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.</p>			
Applicant Signature:		Date:	

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

F.P. Technician _____

Date

TCN# _____

TO BE BILLED

The vendor is required to return this original form to the Archdiocese of Chicago.