



DEPARTMENT OF
INFORMATION
TECHNOLOGY

**CITY OF ALTON
ILLINOIS**
www.cityofaltonil.com

101 E. THIRD ST.
SUITE 204
ALTON, IL 62002

Livescan Vendor Information and Applicant Form

Instructions:

This form is to be completed by the agency or organization seeking to have a fingerprint based criminal history record information check completed for an applicant. It is imperative that the correct agency/organization identification number (ORI) and purpose code be included on the form in order to ensure that the criminal history record check is processed properly and that the criminal history response is forwarded to the appropriate destination. The agency/organization contact person's name and phone number should also be included in case the livescan vendor encounters a problem or has questions regarding billing, etc. The livescan vendor will use the applicant information appearing on the form to verify the identification documentation provided by the applicant before the fingerprints are taken. Consequently, it is important that the agency/organization complete the applicant information section in detail. The applicant should sign the form in order to authorize the release of any criminal history record information that may exist regarding the applicant. Once the form is completed and signed, two copies of the form should be made by the agency/organization. Both copies are to be provided to the applicant. The applicant is to give one copy of the form to the livescan fingerprinting vendor to use to submit the criminal history record fingerprint inquiry to the Illinois State Police and/or Federal Bureau of Investigation for processing. The applicant should keep the other copy for their files. The form containing the applicant's original signature authorizing the release of any criminal history record information that may exist, should be maintained in file by the agency/organization seeking to employ, license or utilize the services of the applicant.

Agency/Organization Information

Agency/Organization Name: City of Alton		Agency/Org. ORI Number: LS11516
Cost Center (if applicable): 7182	Purpose Code:	Request Type: State/FBI <input type="checkbox"/> State Only <input type="checkbox"/> FBI Only <input type="checkbox"/>
Contact Person Name: Jarvis Swope (IT Director)		Contact Person Phone #: (618) 463-7059

Applicant Information

Name:	Sex:	Race:	Date of Birth:
Phone #:	Drivers License #:	DL State:	

Livescan Vendor/Appointment Information

Vendor Name: City of Alton	Address: 101 E. Third St Room 204 Alton, Illinois 62002	
Phone Number: (618) 463-7059	Appointment Date:	Appointment Time:

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 may be retained and will be used to check the criminal history record information files of the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI). **In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

TCN#LS11516 _____

Applicant Name (printed):	Date:
Applicant Name (signature):	Date: