## **Technician Instructions**

Machine: Cross Match | FIRM Systems

Form Type: Fee App Purpose Code: RPN

ORI: IL920630Z (Dept. of financial & Prof. Regulation)



"Integrity and Reputation - Never Compromised"

## **REGISTERED PROFESSIONAL NURSE Authorization and Release Form**

Last Name:	First Name:		
Street Address:	City:	State:	Zip:
Day Time Phone:	Date of Birt	<b>h</b> :/	
Social Security Number:		<b>A</b> = Asian/Pacific Islander: <b>B</b> = I <b>C</b> = Caucasian: <b>I</b> = Native Americ	
<b>Sex</b> : Male □ or <b>Female</b> □ <b>Race</b> : <b>Birth Place</b> : City			
Height: Ft In Weight:			
Driver's License Number:	What state is this from?		
What are you fingerprinting for?			
Fingerprinting Policy and Procedures			
The information above is needed in order for us to provious background check. Be advised that your fingerprints expisubmit your license application to the requesting agency fingerprinted at your own expense. Please check to make suinformation and your fingerprints go to the wrong agency your fingerprints.	ire after 30 days from the y ASAP! If you fail to sen are you are fingerprinted fo	date that you were fingerpri d and your fingerprints expi or the correct license above, if y	nted. So you would need to re. You will have to be re-
Be advised that we are not responsible if your fingerprints are v to be re-fingerprinted for worn out fingerprints you will be char for worn out fingerprints then they would perform a name chec your process in getting your license.	rged a 10.00 re-print fee. The	Illinois State police want you to	be fingerprinted at least twice
ATTENTION! Understand that a Tracking number can only be u background check. You will need to fingerprint again and get background results to more than one receiving agency.			
By signing below you acknowledge our fingerprinting policies, understand that we will not audit the personal information that best of your knowledge. You also give AGB Investigative Service or FBI for Licensing and or background and or licensing purpose.	you have provided to us. Thes permission to collect your	e information that you have prov	rided is true and correct to the
NOTE: IF YOU HAVE BEEN FINGERPRINTED AND YOU CHECK WITHIN 30 DAYS. PLEASE CALL THE ILLINTHE INFORMAITON ON THE CURRENT STATUS OF TRACKING NUMBER BELOW.	OIS STATE POLICE	AT (815) 740-5160 E	XT. 5. THEY WILL HAVE
Applicant Signature:		Date:	
Fingerprint Tracking number: L Fingerprint Tracking number: L			

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