

Secureone, Inc.
4701 W Midlothian Turnpike, Suite 2
Crestwood, IL 60445

UCIA Medical Cannabis Fingerprint Request

Please Print Clearly:

Last Name: _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____ / ____ / ____ Sex _____ Race _____

Phone # (____) _____

Requester Information –

	Medical Cannabis Patient or Caregiver – ORI LG1407112 Illinois Department of Public Health – Laura Oberdorf 535 W Jefferson, 2 nd Floor Springfield IL 62761
	Medical Cannabis Facility – ORI LG1408113 Illinois Department of Financial and Professional Regulation – Bridget Carlson 100 W Randolph Chicago IL 60601
	Medical Cannabis Grower – ORI LG1408114 Illinois Department of Agriculture – Amanda Sutton PO Box 19281 Springfield IL 62794

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 authorize Secureone Inc. to capture and transmit my fingerprints to the Illinois State Police (ISP) and/or Federal Bureau of Investigation (FBI) for the purpose of checking my criminal history record information. I understand that my prints may be retained by the State Police and/or FBI pursuant to applicable statute. I understand that if my prints are AFIS unacceptable and reprinting is necessary to receive results, the customer is required to pay the reprint fee.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

TCN # LS11127 _____

Phone (708) 687-6018
Fax (708) 687-6019
Email – Illinois@secureone.us