

**"Striving to be the Leader of Fingerprinting Services"**

Visit any of our multiple locations throughout Illinois  
Phone: 833-4 BIOIMP (833-424-6467) | Fax: (888) 745-0247  
ILDPR License No. - 262.000039  
[www.biometricimpressions.com](http://www.biometricimpressions.com) | E-Mail: [info@biometricimpressions.com](mailto:info@biometricimpressions.com)

**BIPA Retention Policy**



\*Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

\*\*Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics are being collected, stored, used, and disclosed to the Illinois State Police ("ISP"), Illinois Bureau of Identification ("BOI") and/or FBI for purposes of conducting those background checks, and may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification ("NGI") system or its successor systems (including civil, criminal, and latent fingerprint repositories), the BOI's Automated Fingerprint Identification System ("AFIS"), the Criminal History Record Information system ("CHRI") and/or the Automated Biometric Identification System ("ABIS"), or their successor systems (including civil, criminal, and latent fingerprint repositories), or other available records of the employing, investigating, or otherwise responsible agency. The FBI, ISP, and BOI, may retain your fingerprints, photograph and associated information/biometrics in NGI, AFIS, CHRI and/or ABIS after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI, AFIS CHRI and/or ABIS.

\*\*\*Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. In addition, during the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in AFIS, CHRI and/or ABIS, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time, including the Routine Uses for AFIS, CHRI and/or ABIS, and the BOI and ISP's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

\*\*\*\*Retention: BioMetric Impressions Corporation (BIC) shall retain and destroy Your fingerprints and biometric data consistent with BIC's Biometric Data Retention and Destruction Policy ("Retention Policy"), which was provided to You with this Consent Form. By signing below, you acknowledge Your receipt of and opportunity to review the Retention Policy. According to the Retention Policy, BIC retains fingerprint images and biometric data for 45 days from the date of receipt, capture or card scan date, at which point they will be permanently destroyed, unless BIC is required by government contract to retain them for a longer period of time. A copy of BIC's Retention Policy is available to the public at any BIC physical location, via the QR code at the bottom of this form, and on BIC's website at: <https://www.biometricimpressions.com/compliance/>.

\*\*\*\*\*Consent: By signing below, I acknowledge and hereby authorize the collection, storage, use, and disclosure of my fingerprint images and/or information based on or derived from my fingerprint images, and 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 understand that my fingerprints may be retained and will be used to check the criminal history record information files of the ISP, BOI and/or the FBI, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. 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 pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Last Name/Apellido Legal: \_\_\_\_\_

Legal First Name/Primer Nombre Legal: \_\_\_\_\_

Middle Initial/Inicial del Segundo Nombre: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth/Fecha de Nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*\*\*\*\*I acknowledge that I have taken a picture of this consent form with my personal cell phone, and this will act as my copy of the consent form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

Purpose Code: CSE ORI: ILL12817S

Applicant TCN: \_\_\_\_\_

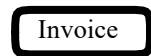
ID Type: \_\_\_\_\_ ID State: \_\_\_\_\_ No.: \_\_\_\_\_

Date: \_\_\_\_\_ Technician: \_\_\_\_\_

**Payment Method**

Square

Check#: \_\_\_\_\_



Customer Code: 4388311

Notes: \_\_\_\_\_