

**CIRCUIT COURT OF COOK COUNTY, ILLINOIS**

**PRIVACY STATEMENT CONSENT  
Criminal History Record Information**

I, the undersigned, hereby authorize and consent to 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.

Applicant's Name (printed):	
Applicant's Signature:	Date:
Case Number	
ORI#: CV2104739	Purpose Code: NCP

**COPIES OF THIS FORM MUST BE PROVIDED TO THE COURT AND TO THE LICENSED LIVE SCAN FINGERPRINT VENDOR AGENCY**

Please email a copy of this completed form to  
joseph.fleming@cookcountyil.gov