

Department of Counselor Education  
Daniel L. Goodwin College of Education  
Northeastern Illinois University

State and Federal fingerprint background check results are required for applicants to the M.A. in School Counseling program who do not hold a Professional Educator License (PEL):

1. You will have your fingerprinting conducted at Accurate Biometrics for both state and federal fingerprints.
2. When ready to visit Accurate Biometrics, you must bring with you:
  - a. Payment of \$30 (for the State of Illinois) and \$45 (for federal). Credit card or money orders only.
  - b. Your state-issued identification
  - c. Attached Forms: UCIA; History Summary Request Form; and Delivery Options Form
3. Accurate Biometrics will provide you with receipts at the time of this service. Please keep them and refer to them for instructions on how to retrieve your actual results.

**How your background check results are received:**

The **Illinois State Police forwards the state results** directly to the Goodwin College of Education and typically arrives in 3-5 days.

The **federal result** will NOT be forwarded. Instead, it will be **available to you for download within several hours after taking the background check**, from the link you will receive via email from Accurate Biometrics. Please upload your federal results to your application portal.

Please contact Dona M. Wisniewski, [d-wisniewski@neiu.edu](mailto:d-wisniewski@neiu.edu), with any questions.



Phone: 773-685-5699  
Fax: 773-685-5433  
www.accuratebiometrics.com

# Northeastern Illinois University

## UCIA

Thank you for choosing Accurate Biometrics for your fingerprinting needs.

**PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT CLEARLY)**

Last name:

First name:

Middle Initial:

Daytime Phone:

Date of Birth:

Sex: (circle one)	Male	Female				
(circle one)	Race: White	Black	Hispanic	Asian	American Indian/Alaskan	Other

# ORI- CV0014443

**REQUESTOR (UNIVERSITY) INFORMATION - ON FILE WITH THE ILLINOIS STATE POLICE**

I, the undersigned, authorize Accurate Biometrics to capture and transmit my fingerprints and above-noted demographic data to the Illinois State Police. I understand that the Illinois State Police will return the results of the fingerprint search to the Requestor listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Do Not Write Below This Line—For Office Use Only)**

F.P. Tech: \_\_\_\_\_ TCN: \_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_

**IDENTITY HISTORY SUMMARY REQUEST FORM**

**Information \* Denotes Required Fields**

*Last Name	<input type="text"/>	*First Name	<input type="text"/>
Middle Name 1	<input type="text"/>	Middle Name 2	<input type="text"/>

*Date of Birth:	<input type="text"/>	*Place of Birth:	<input type="text"/>	*U.S. Citizen or Legal Permanent Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	<input type="text"/>	Country of Residence:	<input type="text"/>	Prisoner Number (if applicable):	<input type="text"/>
*Last Four Digits of Social Security Number: <input type="text"/>					

\*Race (please check appropriate box):

Asian  Black  Caucasian  Native American  Unknown

\*Sex (please check appropriate box):

Male  Female  Other

**Address**

C/O	<input type="text"/>	ATTN	<input type="text"/>
*Address			
<input type="text"/>			
*City	<input type="text"/>	*State	<input type="text"/>
*Postal (Zip) Code	<input type="text"/>	*Country	<input type="text"/>
Phone Number	<input type="text"/>	E-Mail	<input type="text"/>

**Payment Enclosed: (please check appropriate box)**

CERTIFIED CHECK  MONEY ORDER  CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

\* REQUESTOR SIGNATURE  DATE

**PRIVACY ACT STATEMENT**

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

**PAPERWORK REDUCTION ACT STATEMENT:**

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

# DELIVERY OPTIONS

## FBI Identity History

### Summary Request Form



Please submit this completed form along with the other required forms from the "By-Mail" forms packet.

Per FBI requirements, applications submitted from outside the U.S. cannot be accepted or processed. Results can only be picked up within the United States or its territories. Please contact the FBI if you need to apply internationally.

Check box and initial that you understand \_\_\_\_\_

\* Indicates a Required Field

Sex\*: \_\_\_\_\_ Race\*: \_\_\_\_\_ Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_

Hair Color\*: \_\_\_\_\_ Eye Color\*: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Check box and initial that you understand \_\_\_\_\_

Please Note: Adding your SSN is optional, however if you want the last 4 digits of your SSN to appear on your response, we require the full SSN of the applicant. If an applicant wants the last 4 digits to appear on the response and does not want to provide the full SSN to an FBI Channeler (such as Accurate Biometrics), then they must make their background check request directly to the FBI.

Please indicate preferred method of sending your FBI report to you: (Choose just one option)

**Option 1 – Web Portal Pick Up** – quick response time. FBI report access – a one-time digital download from the Accurate Biometrics customer website. This service allows the applicant to retrieve/save/print their individual FBI response, usually within 24 hours, after fingerprints are either processed using live scan (electronic capture) or card scan through our office (if FBI FD-1164 card(s) are submitted). Two factor authentication is required. ("How-to" instructions will be included in a confirmation email sent when your report is available for online pick-up.) You will get an email from us once your response has been returned to us from the FBI. Online access to the FBI response report is available online for 30 days via your computer following the email notice to the applicant. Once the report is accessed or 30 days (whichever is shorter), the record is permanently deleted.

**Option 2\*** – includes Option 1 Plus US Mail (First Class) to U.S. addresses only. Must complete the address area below.  
\_\_\_\_ Number of additional copies requested. **Additional copies are \$10 each** and will be added to your total processing charge.

**Option 3\*** – includes Option 1 Plus 2-Day Priority Service to U.S. addresses only. Must complete the address area below.  
\_\_\_\_ Number of additional copies requested. **Additional copies are \$10 each** and will be added to your total processing charge.

**"Mail Results To" Information** – the "mail to" name must be the name of the applicant requesting the Identity History Summary Report or the applicant's attorney. If response is being sent to the applicant's attorney, the attorney must include a letter of release statement on the attorney's letterhead and include signatures of both the applicant and the attorney.

See a sample attorney release letter here: [https://accuratebiometrics.com/files/Attorney%20Release\\_DO\\_Sample.pdf](https://accuratebiometrics.com/files/Attorney%20Release_DO_Sample.pdf)

Please Note: **No PO boxes, No "In Care Of" or Third Parties are allowed in the address below.**

(The address below is only for mailing. It will not appear on the response form.)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PLEASE PRINT APPLICANT NAME

\_\_\_\_\_  
APPLICANT ATTORNEY NAME (IF ATTORNEY IS TO RECEIVE RESPONSE)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE