

Department of Counselor Education
Northeastern Illinois University

Submitting State and Federal Fingerprint Background Check Results

State and Federal fingerprint background check results are required as part of the application for prospective students who are applying to the M.A. in School Counseling program, but do not hold a Professional Educator License (PEL). Information for taking are listed below:

1. You will have your fingerprinting conducted at [Accurate Biometrics](https://accuratebiometrics.com/), <https://accuratebiometrics.com/>, for both state and federal fingerprints.
2. When ready to visit Accurate Biometrics, you must bring with you:
 - a. payment of \$30 (for State of Illinois) and \$45 (for federal). Credit card or money orders only.
 - b. your state-issued identification
 - c. two filled out forms:
[Accurate Biometrics request form - FBI results for GCOE](#)

[Accurate Biometrics request form - Illinois results for GCOE](#)

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. Please do not submit the receipts to GCOE, as they are not sufficient for your application: instead the actual results of fingerprinting are required.

How results are received:

The **Illinois State Police result** will be mailed directly to the Goodwin College of Education, via USPS. It typically **arrives at GCOE within 7-10 days**. You may call GCOE Admissions Office to check if it has arrived.

The **federal result** will NOT be mailed directly to GCOE. Instead, it will be **available to you for download within several hours**, from the link you will receive via email from Accurate Biometrics. You may email a copy of your federal result to Dona M. Wisniewski, Counselor Education, d-wisniewski@neiu.edu.

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: _____

APPLICANT INFORMATION FORM



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

Applicant Information * Indicates Required Fields

* Last Name	*Sex	*Race
* First Name	*Height:	*Eye Color:
Middle Name	*Weight:	*Hair Color:
* Date of Birth	*Place of Birth (State or Country if outside US):	
* Phone Number		
* Address:	*City/St/Zip	
Social Security Number (SSN):		
<i>Note: The SSN on line above is voluntary. Enter it only if you want the last 4 digits of your SSN to appear on your FBI response.</i>		
* Email Address:		
<i>Note: We will use your email address to send you a link to pick your FBI Report response on our secure web portal.</i>		
*U.S. Citizen or Legal Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you must submit your 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-258 card(s) are submitted. 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 deleted.

Option 2* – Includes Option 1 *plus US Mail* (First Class) to U.S. addresses only. Must complete address segment 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” address – The name must be the name of the applicant indicated above or the applicant’s attorney (no third parties or “in care of” addressees). 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.**

*Applicant Name _____

Applicant’s Attorney Name (if applicable) _____

*Address (No PO boxes, No “In Care Of” or Third Parties) Required only for mailing. It will not appear on the response form.

*City _____ *State _____ *Zip Code _____

***Payment**

CASHIER’S CHECK / MONEY ORDER CREDIT CARD (if by mail, please submit credit card form, available on our website).

***Reason for Request:**

To Review your own record
 To adopt a child
 To live, work, or travel in a foreign country
 To challenge information on your record
 Other Court-Related Matters. Please explain _____

***APPLICANT SIGNATURE** _____ **DATE** _____