

**REGIONAL OFFICE OF EDUCATION #1**  
**507 Vermont St. – Room 104, Quincy, IL 62301**  
**Phone: 217/277-2084 Fax: 217/277-2092**

**Fingerprinting Hours: Monday-Friday 9:00-12:00 a.m. and 2:00-4:00 p.m.**  
**Please schedule an appointment**

## UCIA Request Form

**Please print clearly:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_  
(State or Country)

I authorize Regional Office of Education #1 to capture and transmit my fingerprints to the Illinois State Police. I understand that the Illinois State Police will return the results of the fingerprint search to the Requester.

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

**Requester Information:**

Name \_\_\_\_\_ Agency ORI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Requester Signature \_\_\_\_\_ Date \_\_\_\_\_  
(optional)

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**Regional Office of Education #1 Use Only:**

Proof of Identification: Driver's License \_\_\_\_\_ State ID \_\_\_\_\_ Other \_\_\_\_\_ Ref. No. \_\_\_\_\_

FP Tech: \_\_\_\_\_ Date: \_\_\_\_\_ TCN: LS10402L \_\_\_\_\_

Payment: Amount \$30  Cash  Check No. \_\_\_\_\_