

**ADAMS/PIKE REGIONAL OFFICE OF EDUCATION #1**  
**507 Vermont St., Quincy, IL 62301**  
(Enter through west doors of Adams County Court House--Room 103)  
**Phone: 217/277-2080 Fax: 217/277-2092**

**Fingerprinting Hours: Monday-Friday 9:00-12:00 a.m. and 2:00-4:00 p.m.**  
**Please call ahead for 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 Adams/Pike Regional Office of Education 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 \_\_\_\_\_)  
(optional)

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

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

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

---

#### Office Use Only:

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

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

Fee Amount: \$ \_\_\_\_\_  PAID  Cash  Check No. \_\_\_\_\_  INV \_\_\_\_\_