Adams/Pike Regional Office of Education
507 Vermont St. – Suite 103
Quincy, IL 62301

Criminal History Records Check Request & Release

(Fee Applicant Form)

Applicant should complete the top portion of this form

*The following information **must** be provided to complete the fingerprinting/background check and will only be used for those purposes. A State-issued photo identification must be shown at time of fingerprinting.*

Full Name: _____ (Last) _____ (First) _____ (Middle)

Address: _____ (Street) _____ (City) _____ (State) _____ (Postal code)

Telephone Number: (____)_____-_____ Place of Birth: _____ (State (Country if outside USA))

Date of Birth:_____ Aliases:_____ (Maiden or other known names)

Sex: M / F Race:_____ Height:_____ Weight:_____ Hair:_____ Eye:_____

Drivers License or State-Issued ID No. _____

I affirm that I have initiated a fingerprint-based Criminal History Records Check with the Adams/Pike Regional Office of Education.

I hereby authorize the release of any criminal history record information that may exit regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

X_____ _____
Applicant's Signature Date

For Adams/Pike Regional Office of Education Use Only:

Proof of Identification: Driver's License_____ State ID _____ Other _____ Ref No. _____

FP Tech: _____ Location: ROE #1, 507 Vermont St., Quincy, IL

Date: _____ Time:_____ LN.: 262.000021

TCN:LS10402L5095_____ Payment: ☐ Cash or ☐ Check: No._____