Adams/Pike Regional Office of Education
Criminal History Records Check Request & Release

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:

_____ (Name of school district, office, or agency) _____ IEIN/SSN

and the results sent to the Adams/Pike Regional Office of Education. Also I give permission for the results of my fingerprint-based Criminal History Records Check to be shared with Adams and Pike County School Districts and with other Regional Offices of Education in the State of Illinois:

X_____ **Applicant's Signature** _____ Date

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 School District Use Only:

I hereby give permission for applicant to be fingerprinted for: ☐ Certified ☐ Non-Certified

_____ District Superintendent Signature _____ District _____ Date

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For Adams/Pike Regional Office of Education Use Only:

Fingerprint Technician: _____ Location: ROE #1, 507 Vermont St., Quincy, IL

Date: _____ Time: _____ LN.: 262.000021

TCN:LS10402L5095_____ Payment: ☐ **INV** or ☐ **PAID** (Amount $_____ ☐ Cash or ☐ Check: No._____)