



JODI L. SCOTT

Regional Superintendent of Schools

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LORI LOVING

Asst. Regional Superintendent of Schools

**Henderson-Knox-Mercer-Warren Counties Regional Office of Education
Criminal History Records Check Request & Release for Student Teacher**

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) (Zip)

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

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

Sex: (circle one) M or F Race: _____ Height: ___ft. ___in. Weight: _____ Hair: _____ Eyes: _____

Driver's 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)

X _____
(Applicant's signature)

I hereby authorize the release of any criminal history record information that may exist 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 the criminal justice agencies regarding me that may be inaccurate or incomplete.

X _____
(Applicant's signature) (Date)

FOR SCHOOL DISTRICT ONLY:

I hereby give permission for applicant to be fingerprinted for Student Teaching:

(District Superintendent's Signature) (District) (Date)

FOR OFFICE USE ONLY:

Date: _____ TCN: _____ Payment: Check or Cash / Amt. _____

Technician's Signature _____

Business Office

105 North E Street Phone: (309) 734-6822
Monmouth IL, 61462 Fax: (309) 734-2452

Galesburg Office

121 S. Prairie Street Phone: (309) 345- 3828
Galesburg IL 61401 Fax: (309) 345-6735