

Regional Office of Education #1  
507 Vermont St. -- Suite, 104, 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 Regional office of Education #1.

*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 Regional Office of Education #1 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: LS10402L \_\_\_\_\_ Payment: **PAID** Amount \$50  Cash  Check No. \_\_\_\_\_