

**Regional Office of Education #1
Adams County Court House (west doors)
507 Vermont St. -- Suite, 104, Quincy, IL 62301
Phone: 217/277-2084 Fax: 217/277-2092**

Please schedule an appointment @ www.roe1.net

**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 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 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: LS10402L7845 _____ Payment Amount Due: \$50 CC Cash Check No. _____

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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 Regional Office of Education #1 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 _____

Street Address _____

City _____ State _____ Zip Code _____

Requester Signature _____ Date _____
(optional)

Regional Office of Education #1 Use Only:

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

FP Tech: _____ Date: _____ TCN: LS10402L7845 _____

Payment Amount Due: \$30 CC Cash Check No. _____