

# AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK

## Regional Office of Education #30 (Alexander, Jackson, Perry, Pulaski, Union)

### TO BE COMPLETED BY THE APPLICANT/EMPLOYEE

Please read carefully before signing.

I, \_\_\_\_\_, S.S. # \_\_\_\_\_ hereby authorize the Regional Office of Education #30 to submit a Fingerprint Conviction Inquiry to the IL State Police and the Federal Bureau of Investigation. The inquiry is for the purpose of employment or volunteer services in the Alexander, Jackson, Perry, Pulaski, and Union County Region.

I do hereby fully waive, release, and discharge the Regional Office of Education #30 and the Illinois Counties of Alexander, Perry, Pulaski, and Union, their officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me or arise out of the results of any aspect of the criminal background investigation or my participation in a criminal conviction investigation.

I further agree to indemnify and hold harmless and defend the Regional Office of Education #30, and the Illinois Counties of Alexander, Jackson, Perry, Pulaski, and Union, their officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or rising out of, connected with, or in any way associated with, any of the activities of the criminal background investigation and review. I also understand and consent that a copy of the inquiry and report be sent to my Regional Office of Education and any prospective school district that may want to employ me or utilize my services.

I have fully read and understand this waiver and release. The information below is accurate.

Date

Signature

Last Name

First Name

MI

Current Address

City

State

Zip Code

Drivers Lic. #

Soc. Sec. #

DOB

/ /

Phone #

Height

Weight

Hair Color

Eye Color

Sex

Race/Ethnicity

Place of Birth: State

or

Country

Applicant Signature

Date

#### **For Substitutes Only:**

Email Address

Select Counties for Sub List *(Please check all that apply)*:

Alexander

Jackson

Perry

Pulaski

Union

### TO BE COMPLETED BY LIVE SCAN TECHNICIAN

Verify Reference #

Date

Time

am

pm

#### **Proof of Identification:**

Drivers' License

Passport

State ID

Other

Technician Name



Murphysboro TCN# **LS10326L4791**

Anna TCN# **LS10375L4959**

Pinckneyville TCN# **LS10779L6722**

Rebuild TCN#

District:

ORI#

Regional Office of Education 30  
Annex Office  
819 Walnut Street  
Murphysboro, IL 62966  
Phone: 618.684.4890

Regional Office of Education 30  
Jackson County Courthouse  
1001 Walnut Street  
Murphysboro, IL 62966  
Phone: 618.687.7290

Regional Office of Education 30  
Perry County Govt. Bldg.  
3764 St. Rt. 13/127  
Pinckneyville, IL 62274  
Phone: 618.357.2828

Regional Office of Education 30  
Shawnee Comm. College Extension  
1150 E. Vienna Street  
Anna, IL 62906  
Phone: 618.634.3458