

**AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK
for Peoria Public Schools District 150
3202 N Wisconsin Avenue
Peoria IL 61603
(309) 672-6770**

**TO BE COMPLETED BY VOLUNTEER
Please PRINT legibly or type**

NAME _____
Last Name First Name M.I.

SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____
Month Day Year

PLACE of BIRTH _____ (State or Country)

Sex _____ Race _____ (Note: select white for Hispanic)
Race selection options (Asian; American Indian/Alaskan; Black; White; Unknown)

HOME ADDRESS: _____
Street Address

_____ City State Zip Code

Phone: _____ Email: _____

Applicant Authorization

Without reservation, I authorize this organization to procure my criminal history record and/or to obtain or furnish information concerning my criminal history record check or other history.

APPLICANT SIGNATURE: _____ DATE _____

APPLICANT JOB CATEGORY VOLUNTEER ORI IL FIRM000

Authorization signature _____

TO BE COMPLETED BY RECOMMENDING PRINCIPAL

Proof of Identification:

Drivers License State ID Military ID FOID Student ID
FOID Other

Principal Signature: _____ Fee Collected \$ No Fee

TO BE COMPLETED BY LIVE SCAN TECHNICIAN

ISP TCN Tracking #: _____

United States Department of Justice National Sex Offender Public Website checked: _____
DATE

Technician Name: _____