

SUBSTITUTE TEACHER
Receipt and Authorization for Release of Criminal History Record Check
Regional Office of Education #53
Mason-Tazewell-Woodford Counties
414 Court St., Suite 100
Pekin, IL 61554
Ph# 309-477-2290

Reference #: _____ ISP TCN Tracking #: LS10331L4829

To Be Completed By Applicant:

Last Name: _____ First Name: _____ MI: _____

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)

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

TO BE COMPLETED BY LIVE SCAN TECHNICIAN:

Receipt #: _____ Check#: _____

Proof of Identification:
Drivers License #: _____ Other: _____

Technician Name: _____ Date: _____

See Reverse Side

SUBSTITUTE TEACHER BACKGROUND AUTHORIZATION

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district including persons who or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

I authorize the Tazewell County Regional Office of Education to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.

I further authorize the Tazewell County Regional Office of Education to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize the Tazewell County Regional Office of Education to check for my name on the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database.

I understand that conviction on any of the enumerated offenses will exclude me from substitute teaching in Tazewell County schools and could result in the suspension, revocation, or surrender of my teaching certificate(s).

I understand that the Regional Superintendent shall share criminal history reports with the Superintendent of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Certification Board. I further understand that a copy of the criminal history check shall be provided to me if requested.

I understand that I am responsible for the payment of the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database.

I certify under penalty of perjury that that all information I provided is accurate.

I understand that receiving a Tazewell County Substitute Authorization certificate is necessary to substitute teach in Tazewell County Public Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in Tazewell County.

Name (Please Print)

Date

Signature

IEIN or Social Security Number