

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

TO BE COMPLETED BY APPLICANT/EMPLOYEE

Please PRINT legibly or type Reference # _____

ROE 53 STUDENT TEACHER

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 #: _____

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 to the Illinois Secretary of State. I understand that inquiries may be made to various federal and state agencies seeking information as to my personal characteristics, general reputation, and mode of living.

APPLICANT SIGNATURE: _____

TO BE COMPLETED BY LIVE SCAN TECHNICIAN

APPLICANT JOB CATEGORY: _____ ORI#: _____

DATE: _____ Time: _____

Receipt # _____ Cash Check Amount: \$ _____

ISP TCN tracking #: LS 10331L4829

Proof of Identification:

Drivers License State ID Military ID FOID

Student ID Other _____

Technician Name: _____

See Reverse Side

Check of Sex Offender Database and Violent Offender/Child Murderer Database form for new employees - to be included in personnel file

105 ILCS 5/10-21.9 (a-5)

“The school district or regional superintendent shall further perform a check of the Statewide Sex Offender Database, as authorized by the Sex Offender and Child Murderer Community Notification Law, for each applicant.”

(d) “No school board shall knowingly employ a person for whom a criminal history records check and Statewide Sex Offender Database check has not been initiated.”

Effective date for the Sex Offender Database check:

Any person employed on or after **7/14/05**

PA 94-954

The following section becomes (a-6) of the above section of the school code:

“The school district or regional superintendent shall further perform a check of the Statewide Child Murderer and Violent Offender Against Youth Database, as authorized by the Child Murderer and Violent Offender Against Youth Community Notification Law, for each applicant.”

Effective date for the Child Murderer and Violent Offender Database check:

Any person employed on or after 6/27/07 (date the database is to be operational)

Date of Sex Offender Database Check _____

Date Child Murderer/Violent Offender Check _____

Technician's Name _____

I, the undersigned, hereby authorize the release of my criminal history record check from Tazewell Regional Office of Education to:

College Name

Attn:

College Address

Name of school and district where you will be student teaching

Signature

Date