



Rock Island County Regional Office of Education
 3430 Avenue of the Cities
 Moline, IL 61265
 309.736.1111
 309.736.1127 (Fax)

**UCIA Applicant
 Consent Release**

Please Print Clearly

Last Name First Name MI

Address City

State Zip Code Phone Number SSN Sex

Date of Birth State or Country of Birth Race

Driver's License Number/State ID

Race Selection Options are Asian; American Indian/Alaskan; Black; White; Unknown.
Note: Select White for Hispanic

Applicant Authorization

Without reservation, I authorize this organization to obtain my criminal history record and to furnish this information concerning my criminal history record check or other history as may be required.

 Applicant Signature

 Date

Mail results to Agency **(Only if agency paid for fingerprinting)**

Agency Name and Address

Mail results to applicant

DO NOT WRITE BELOW THIS LINE - For Office Use Only

Proof of Identification: Drivers License State ID Passport FOID Military ID Matricula/Work Visa

Method of Payment: Billed Cash Credit/Debit Card Money Order Company Check # _____

Reprint

ISP

 Technician Signature

 Date

Fee Amount	
Reference #	
TCN	LS10327L