

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK

FIRM, Inc.
206 South Sixth Street
Springfield, IL 62704
(866)721-1203

Rock Island County
Regional Office of Education
3430 Avenue of the Cities
Moline, IL 61265
(309) 736-1111

**Applicant Information
(PLEASE PRINT)**

Last Name: _____ First Name: _____ M.I.: _____

Address, City, State and Zip: _____

Date of Birth: _____ State of Birth: _____ Sex: _____ Race: _____
Race Selection Options are Asian; American Indian/Alaskan; Black; White; Unknown. NOTE: Select white for Hispanic.

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

Social Security #: _____ Driver's License #: _____ State: _____

Phone #: () _____ Email Address: _____

Without reservation, I authorize the Regional Office of Education #49 to procure my criminal history record and/or to obtain or furnish information concerning my criminal history record check or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, employment status, general reputation, and mode of living.

APPLICANT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY REGIONAL OFFICE OF EDUCATION

SEND RESULTS TO: Regional Office of Education #49 ORI # 081E49S

APPLICANT JOB CATEGORY: Substitute Teacher

TO BE COMPLETED BY LIVE SCAN TECHNICIAN

PROOF OF IDENTIFICATION:

Drivers License State ID Military ID FOID Passport

XROE49 REFERENCE # _____ TCN # LS10327L

_____ Cash(\$60) _____ Credit Card (\$63) (\$3.00 Administrative Fee)

Reprint _____ Cash(\$10) _____ Credit Card (\$13) (\$3.00 Administrative Fee)

Technician Name: _____ Date: _____