



WILL COUNTY REGIONAL OFFICE OF EDUCATION

702 W. MAPLE STREET • NEW LENOX, ILLINOIS 60451

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www.willroe.org

Shawn Walsh
Regional Superintendent

Frank W. Perucca
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FINGERPRINT AUTHORIZATION & RELEASE

Section 10-21.9 of the Illinois School Code requires all applicants for employment with a school district, including persons 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. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated. By completing and signing this form, I authorize the Will County Regional Office of Education (R.O.E) to submit fingerprints and other necessary information electronically to the Illinois State Police and Federal Bureau of Investigation.

Submitting Agency ORI: Receiving Agency ORI: Cost Center: TCN:

Receiving School District/Agency: Position Applying for:

TO BE COMPLETED BY APPLICANT- PLEASE BRING DRIVERS LICENSE/STATE ID

Last Name: Maiden Last Name (if different): First Name: MI:

Street Address: City: State: Zip:

Date of Birth: State/Country of Birth: Social Security Number (please include dashes):

KEY			
SEX	RACE	EYES	HAIR
M- Male	W- White/Latino	BLK- Black	BAL- Bald
F- Female	B- Black	BLU- Blue	BLK- Black
	A- Asian	BRO- Brown	BLN- Blonde
	I- American Indian	GRN- Green	BRO- Brown
	U- Unknown	HAZ- Hazel	RED- Red
			GRY- Gray
			WHI- White

(Use the Key to complete the following)

Sex: Race: Eyes: Hair: Height: Weight:

Driver's License Number:

I authorize the Will County ROE to submit the above information, that I acknowledge being true and accurate, to the best of my knowledge, to the Illinois State Police (ISP) and Federal Bureau of Investigation (FBI). The ISP & FBI shall conduct a fingerprint-based criminal history records check and shall furnish to the president of the school board of the receiving school district the applicant's records of convictions, until expunged. The president of the school board shall keep a conviction record confidential and share it only with the Superintendent, the appropriate Regional Superintendent, the State Superintendent of Schools, the State Teacher Certification Board, or any other person necessary to the hiring decision. A copy of the record of convictions shall be provided to the applicant for employment.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE- FOR OFFICE USE ONLY

Fingerprint Technician: Date Printed:

Sex Offenders: _____ Clear: Yes No
Child Mur/Violent Off: _____ Clear: Yes No

GED • Truancy • Professional Development Alliance • Regional Safe Schools Program • Learning Technology Center One South • Certification

~ Working with Our Communities to Support Student Learning ~