



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



**Fee 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

Height  Weight  Hair Color  Eye Color

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 \_\_\_\_\_

<input type="checkbox"/>	Conceal Carry Firearms Instructors Only (CCI)
<input type="checkbox"/>	Conceal Carry Firearms Applicant (CCW)
<input type="checkbox"/>	Driver Training Instructor (DTI)
<input type="checkbox"/>	Explosives License (DNR)
<input type="checkbox"/>	Euthanasia (IDFPR)
<input type="checkbox"/>	Loan Originator (IDFPR)
<input type="checkbox"/>	Massage Therapy (IDFPR)
<input type="checkbox"/>	Non-Emergency Transport (OIG)
<input type="checkbox"/>	Nurse – LPN (IDFPR)
<input type="checkbox"/>	Nurse – RN (IDFPR)
<input type="checkbox"/>	Physicians Licensure (Physician)
<input type="checkbox"/>	Physicians Licensure (Chiropractor)
<input type="checkbox"/>	Pyrotechnic License (OSFM)
<input type="checkbox"/>	Security, PERC (IDFPR)
<input type="checkbox"/>	Vehicle Dealer (SOS)
<input type="checkbox"/>	Video Gaming Location (IGB) (applicants must submit their application to the gaming board <u>prior</u> to being fingerprinted.)
<input type="checkbox"/>	Other:

**DO NOT WRITE BELOW THIS LINE – For Office Use Only**

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

**Reprint**

Method of Payment: ☐ Cash ☐ Credit/Debit Card ☐ Money Order ☐ Company Check # \_\_\_\_\_

☐ ISP ☐ FBI

Technician Signature \_\_\_\_\_

Date \_\_\_\_\_

Fee Amount	
Reference #	
TCN	LS10327L