

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK
for Peoria Public Schools District 150
3202 N. Wisconsin Avenue
Peoria, IL 61603
(309) 672-6770

TO BE COMPLETED BY VOLUNTEER

Please **PRINT** legibly or type

A COPY OF YOUR DRIVER'S LICENSE OR STATE I.D. MUST BE ATTACHED

SCHOOL YOU ARE VOLUNTEERING AT: _____

NAME _____
Last Name First Name M.I.

SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____
Month/Day/Year

DRIVER'S LICENSE #: _____

PLACE of BIRTH _____ (State or Country)

Sex _____ Race _____ (**Note:** select white for Hispanic)
Race selection options (Asian; American Indian/Alaskan; Black; White; Unknown)

HOME ADDRESS: _____
Street Address

City State Zip Code

Phone: _____ Email: _____

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 record check or other history.

APPLICANT SIGNATURE: _____ DATE _____

APPLICANT JOB CATEGORY **VOLUNTEER** ORI **IL FIRM000**

TO BE COMPLETED BY RECOMMENDING PRINCIPAL

Proof of Identification: *Please attach a photocopy of the applicant's identification card to this form.*

Drivers License ☐ State ID ☐ Military ID ☐ FOID ☐ Student ID ☐
Other ☐ _____

PRINCIPAL SIGNATURE: _____ Fee Collected \$ **No Fee**

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

ISP TCN Tracking #: _____

United States Department of Justice National Sex Offender Public Website checked: Date _____

Technician Name: _____