



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 North Cook Intermediate Service Center to submit fingerprints and other necessary information electronically to the Illinois State Police and the F.B.I.

TO BE COMPLETED BY THE APPLICANT – PLEASE BRING A PHOTO ID

Last Name		First Name			Middle Name	
Address		City	State	Zip Code	Phone	
			IL			

SEX		RACE		HAIR				EYES					
M	Male	W	White / Latino	BAL	Bald	GRN	Green	RED	Red	BLK	Black	MAR	Maroon
F	Female	B	Black	BLK	Black	GRY	Gray	SDY	Sandy	BLU	Blue	MUL	Multi
U	Unknown	A	Asian/PI	BLN	Blonde	ONG	Orange	WHI	White	BRO	Brown	PNK	Pink
		I	Am. Indian or Alaskan Native	BLU	Blue	PLE	Purple	XXX	Unknown	GRN	Green	XXX	Unknown
		U	Unknown	BRO	Brown	PNK	Pink			HAZ	Hazel		

Date of Birth		Place of Birth (State or Country)	Sex	Race	Hair	Eyes	Height	Weight
School District Number		School District Name		Position				

I authorize the North Cook Intermediate Service Center to submit the above information, that I acknowledge being true and accurate, to the best of my knowledge, to the Illinois State Police (ISP). The ISP 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 upon request. I also understand that my social security number was collected and will be submitted with my fingerprints as required under the school code (105 ILCS 5/10-21.9),

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Fingerprint Technician	Date of Fingerprint
Date Copy of Response was Provided to Applicant	Date Applicant Notification of Inaccuracies

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):	
Applicant Name (signature):	Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.