AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK

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

CONSTRUCTION WORKERS ONLY

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 or Country 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 this employer or any party or agency contacted by this employer 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 SCHOOL DISTRICT

NAME OF CONSTRUCTION COMPANY:_____

SEND BILL/RESULTS TO: Moline-Coal Valley School District #40 ORI #_____IL081040S

_____
Signature of Authorized School District Personnel
(Needed only if School District is to be billed)

TO BE COMPLETED BY LIVE SCAN TECHNICIAN

PROOF OF IDENTIFICATION:

Drivers License State ID Military ID FOID Passport

Technician Name:_____ Date:_____

XROE49 REFERENCE #	TCN # LS10327L_____

Paid by Construction Company ☐ Amount_____ Check #_____ Credit Card_____ Cash_____
Billed to School District ☐

Revised 11/2013