



FINGERPRINTING IS DONE BY APPOINTMENT ONLY. SCHEDULE YOUR APPOINTMENT IN THE LICENSURE SECTION OF OUR WEBSITE: www.dupageroe.org

FINGERPRINT INFORMATION FOR CRIMINAL HISTORY CHECK REPORTS

TO BE COMPLETED BY THE APPLICANT PRIOR TO ARRIVAL AT THE ROE

Last Name	First Name	Middle Name	Best Contact Phone Number

Street Address	City	State	Zip Code
		IL	

Date of Birth	State of Birth <small>(if in US) or Country (if not)</small>	*Sex	*Please *Race	*Use Codes *Eyes	*Below* *Hair	*Skin	Height	Weight
							ft in	

Social Security Number	Driver's License Number (or other ID Number)	State ID Issued In

Email Address

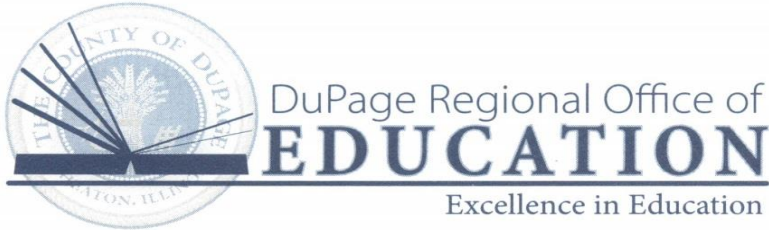
PLEASE USE THE FOLLOWING CODES WHEN COMPLETING THIS FORM:

SEX		RACE		EYES				HAIR				SKIN TONE							
M	Male	W	Caucasian/ Latino	BLK	Black	MAR	Maroon	BAL	Bald	GRY	Gray/ Part	RED	Red	ALB	Albino	LBR	L Brwn	RUD	Ruddy
F	Female	B	Black	BLU	Blue	MUL	Multi	BLK	Black	GRN	Green	SDY	Sandy	BLK	Black	LGT	Light	SAL	Sallow
U	Unkwn	A	Asian/PI	BRO	Brown	PNK	Pink	BLN	Blonde	ONG	Orange	WHI	White	DBR	D Brwn	MBR	M Brwn	YEL	Yellow
		I	Am. Indian	GRN	Green	XXX	Unkwn	BLU	Blue	PLE	Purple	XXX	Unkwn	DRK	Dark	MED	Medium		
		U	Unknown	HAZ	Hazel			BRO	Brown	PNK	Pink			FAR	Fair	OLV	Olive		

Signature of Applicant _____	Date _____
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DO NOT WRITE BELOW THIS LINE – FOR ROE OFFICE USE ONLY

Payment Amount: _____	TCN 1: 806 _____	SO: _____ VC: _____
Type/Number: _____/_____	TCN 2 806 _____	Filemaker: _____
Photo ID Checked: _____	Purpose: <u>CSE</u> <u>NSE</u> <u>AWA</u>	Scanned: _____
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Lic/Regist: _____/_____	Applicant Verified: _____	Other w/o IEIN
MAIL or PICK UP		



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FINGERPRINT BASED CRIMINAL HISTORY CHECK REPORT RELEASE FORM

Section 10-21.9 of the Illinois School Code requires all applicants for employment with a school 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, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

I authorize the DuPage County Regional Office of Education to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.

I further authorize the DuPage Regional Office of Education to check for my name on the Statewide Illinois Sex Offender Database and the Illinois Statewide Child Murderer and Violet Offenders Against Youth Database.

I understand that negative results on any of these reports could exclude me from working in DuPage schools and could result in the suspension, revocation, or surrender of my education license(s).

I understand that if I have been arrested at any time the criminal history report will have to go through a review process, which will extend the time necessary to release the criminal background check. I can expedite this review process by providing all court records regarding the disposition of the charges.

I authorize the Regional Superintendent to share criminal history reports with the Superintendents of School Districts, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Licensure Board. I further understand that a copy of the criminal history check shall be provided to me.

I understand that I am responsible for the payment of the cost of the fingerprint-based criminal history check and Regional Office reviews of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database.

I understand that submitting to a fingerprint-based criminal history check report is necessary to work in DuPage County Public Schools, AND I understand that obtaining such report does not guarantee that I will be hired in a DuPage County school.

Name (Please Print)

Date

Signature

IEIN or SSN (last 4 digits)