

Dr. MICHAEL KARNER
Regional Superintendent

FINGERPRINT AUTHORIZATION & RELEASE

TO BE COMPLETED BY THE APPLICANT – PLEASE PRINT

HAVE PHOTO ID AVAILABLE.

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 Lake County Regional Office of Education (ROE) to submit fingerprints and other necessary information electronically to the Illinois State Police and FBI. **Name must match the name on your Driver's License.**

Last Name		First Name		Middle Name		Maiden Last Name	
Date of Birth			Phone Number		Place of Birth (State or Country)		
MM	DD	YYYY					
Email Address							
Current Address				City		State	Zip Code

Please check the boxes that apply:

SEX	RACE	HAIR			EYES	
<input type="checkbox"/> MALE	<input type="checkbox"/> WHITE/LATINO	<input type="checkbox"/> BALD	<input type="checkbox"/> GREEN	<input type="checkbox"/> RED OR AUBURN	<input type="checkbox"/> BLACK	<input type="checkbox"/> HAZEL
<input type="checkbox"/> FEMALE	<input type="checkbox"/> BLACK	<input type="checkbox"/> BLACK	<input type="checkbox"/> GRAY	<input type="checkbox"/> SANDY	<input type="checkbox"/> BLUE	<input type="checkbox"/> MAROON
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLUE	<input type="checkbox"/> ORANGE	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> BROWN	<input type="checkbox"/> PINK
	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> PINK	<input type="checkbox"/> PURPLE	<input type="checkbox"/> WHITE	<input type="checkbox"/> GRAY	<input type="checkbox"/> UNKNOWN
	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> BROWN	<input type="checkbox"/> BLONDE OR STRAWBERRY		<input type="checkbox"/> GREEN	
HEIGHT		WEIGHT				
[]		[]				

I authorize the Lake County ROE to submit the above information, that I acknowledge being true and accurate, to the best of my knowledge, to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI). The ISP and FBI shall conduct a fingerprint-based criminal history records check per Section 10-21.9 of the Illinois School Code and shall furnish to the ROE the applicant's records of convictions, until expunged. The Regional Superintendent shall keep a conviction record confidential and share it only with the Superintendent, the State Superintendent of Schools, and the State Teacher Certification Board. I hereby hold harmless and indemnify the Lake County Regional Office of Education for any errors in the fingerprinting process.

Low Quality Prints

ELIS BC Below 45 percent

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

ISP/FBI TCN#	ISP TCN#	FBI ONLY TCN#	FBI Name Check	<input type="checkbox"/> Sub	<input type="checkbox"/> PEL	<input type="checkbox"/> ELS
Date Transmitted to ISP:	Date of Reprint:	Date of Reprint:	Date of Request	<input type="checkbox"/> Registration	_____	
ROE Tech:	ROE Tech:	ROE Tech:	ROE Tech:	<input type="checkbox"/> Verified	Initials _____	
				<input type="checkbox"/> Internal	_____	
				<input type="checkbox"/> Other	_____	

AUTHORIZATION FORM

Section 10-21.9 of 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, 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 **Lake County Regional Office of Education (ROE)** 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 Lake County ROE to check for my name on the Statewide Illinois Sex Offender Database, and Child Murderer and Violent Offenders against Youth database.

I further authorize the Lake County ROE office to electronically submit data and a photograph picture. Effective January 1, 2014.
<http://www.ilga.gov/commission/jcar/admincode/020/020012650B00300R.html>

I understand that conviction on any of the enumerated offenses or the presence of my name on any of these reports will exclude me from substitute teaching in Lake County schools and could result in the suspension, revocation, or surrender of my teaching license.

I understand that the Regional Superintendent may share criminal history reports with the Superintendent of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Board of Education. I further understand that a copy of the criminal history check shall be mailed to me.

I understand that I am responsible for the payment of the fingerprint process to include the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender against Youth Database. I understand that I have the responsibility to notify the Lake County ROE within 7 days if the information is inaccurate. For basic procedures for Access and Review process, please see: <http://www.ilga.gov/commission/jcar/admincode/020/02001210sections.html>

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.

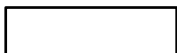
Applicant Name (printed):

Applicant Name (signature):

IEIN

Date:

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



Received Copy

(6/21)