

LOCKPORT POLICE DEPARTMENT
 1212 S. FARRELL ROAD • LOCKPORT, ILLINOIS 60441
 PHONE: (815) 838-2132 • CONTACT: OFFICER

FINGERPRINT AUTHORIZATION & RELEASE TO LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

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 Lockport Police Department to submit fingerprints and other necessary information electronically to the Illinois State Police.

FOR OFFICE USE ONLY

Submitting Agency ORI								Receiving Agency ORI								Cost Center	
IL	0	9	9	E	8	1	S	IL	0	9	9	S	8	1	S	6107	

Receiving School District/Agency
 Lockport Area Special Education Cooperative

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

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____
 IL _____

Date of Birth _____ Place of Birth _____ *Sex _____ *Race _____ Height _____ Weight _____ *Hair _____ *Eyes _____ *Skin _____

Social Security Number _____ Drivers License Number _____ DL State _____ Certificate Number _____

Maiden Last Name _____ First Name _____ Middle Name _____

***PLEASE USE THE FOLLOWING CODES WHEN COMPLETING THIS FORM:**

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

I authorize the Will County R.O.E. 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.

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 _____