

## **Authorization for Release of Criminal History Information**

Witness	Applicant Signature	Date
I have read and understand the cont Criminal History information form. I	tents of and conditions of use for information provided also understand that completion of this background of checks (such as drug-testing, prior employment, refere a particular position.	heck does not preclude the hiring agency
Applicant Certification:		
An electronic transmittal or photoco contain an original writing of my sign	py of this release form will be valid as an original then nature.	reof, even though said document does not
An agency, board or commission sha for Release of Criminal History Inform	all refuse to consider further any candidate who refuse mation form.	es to complete and sign the Authorization
criminal history transcripts and/or de	o ensure his/her criminal history information is accural elays in challenging or correcting record information s ess. A candidate who has provided notice that his crim favor of another candidate.	shall not be construed as sufficient
State Police statutory and administrated seq.] checks shall be followed. The comprovided a copy of his/her criminal be and the Illinois State Police Bureau of	s are conducted, unless otherwise specified under state ative procedures for conducting Uniform Conviction In riminal history transcripts can be included as part of a packground check. The applicant has the obligation and Identification within seven (7) business days if the in and should he/she be disqualified for a specific position	nformation Act (UCIA), [20 ILCS 2635/1, et nexus review. The applicant shall be d responsibility to notify the hiring agency nformation is inaccurate or incomplete. The
and any agency, board or commission to be held accountable for giving the employees/contractors/agents, and	and its officers or employees/contractors/agents who an and its officers and employees which provide these his information. I do hereby release and hold harmless any other agency, board or commission and its officer is investigation, from any and all liability which may be	records to the Illinois State Police, shall s the Illinois State Police, its officers and rs and employees which provide records
I, to the existence or nonexistence of a State of Illinois solely to determine n the State of Illinois on behalf of a ver	, do hereby authorize the Illinois St any conviction which it might have concerning me to a ny suitability for employment or continued employme ndor to the State of Illinois. I further authorize any age provide same on request to the Illinois State Police for	ent with the State of Illinois or service to ency, board or commission which
TO: Director, Illinois State Police		

**COMPLETE AND SIGN BOTH SIDES OF THIS FORM** 

CMS284A (6/23) IL 401-0938



## **Authorization for Release of Criminal History Information**

Pursuant to Administrative Order #1 (2013) and in accordance with State law, it is the policy of the State of Illinois not to base employment decisions on the criminal history of an applicant for state employment unless: (1) federal or state law prohibits hiring an individual with certain criminal convictions for the position that an applicant is seeking; or (2) the applicant has been convicted of an infraction that is substantially related to the position sought or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public, and denial of employment based on that criminal history is consistent with the State's duty to serve and protect its citizens.

ı have been known)	
Date	
Date of Birth	
Driver's License Number	State Issued
	Clear Race
_	Date of Birth

## INTERNAL INSTRUCTIONS FOR HIRING AGENCY

This form must be accompanied by either the UCIA Name Inquiry form (Form ISP 6-405B) or the UCIA Fingerprint Inquiry form (Form ISP 6-404B) and is to be completed by the hiring agency. These ISP forms provide Principal Requester Contact Information and Category of Inquiries Information. These forms may only be ordered from the ISP home page (<a href="http://www.isp.state.il.us">http://www.isp.state.il.us</a>) and selecting the Criminal History link on the left side under Agency Links or by calling ISP Bureau of Identification at 815-740-5160 between 8 a.m. and 4 p.m. Monday through Friday. The name check process can be performed electronically and details are provided at: <a href="http://www.isp.state.il.us/crimhistory/chri.cfm">http://www.isp.state.il.us/crimhistory/chri.cfm</a>. The UCIA fingerprint form can be ordered and then taken to a local law enforcement agency for fingerprinting or the individual applicant may contact one of ISP's licensed live scan fingerprint vendors listed at: <a href="https://idfprapps.illinois.gov/LicenseLookUp/fingerprintlist.asp">https://idfprapps.illinois.gov/LicenseLookUp/fingerprintlist.asp</a>. Each form may only be used once and cannot be copied or duplicated as each form contains a unique Transaction Control Number used for internal ISP tracking purposes.

The Illinois Uniform Conviction Information Act, 20 ILCS 2635/13, provides that results pursuant to this criminal background check should only be relied upon for 30 days. As such, this background check is not limited to a specific position and may be secondarily disseminated for a period of 30 days and is not limited to a single reason for inquiry. Each executed Authorization for Release of Criminal History Information must be maintained on file for at least 2 years pursuant to 20 ILCS 2635/7.

Upon receipt of the criminal history record information, the hiring agency, board or commission shall provide a copy to the candidate and notify him/her that he/she has the obligation and responsibility to notify the hiring agency within seven (7) days if the information is inaccurate or incomplete.

Any questions related to the UCIA program may be directed to the ISP Bureau of Identification at 815-740-5160.

**COMPLETE AND SIGN BOTH SIDES OF THIS FORM**