



AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY INFORMATION



I, \_\_\_\_\_, do hereby authorize the Illinois State Police to release information relative to the existence or non-existence of any criminal record and conviction which it might have concerning me to any agency, board or commission of the State of Illinois solely to determine my suitability to volunteer or continue to volunteer with the Illinois Department of Natural Resources. I further authorize any agency which maintains records relating to me to provide same on request to the Illinois State Police for the purpose of this investigation.

I certify that the Illinois State Police, and its officers or employees who furnish this information concerning me, and any agency and its officers and employees which provide these records to the Illinois State Police, shall not be held accountable for providing this information. I do hereby release and save harmless the Illinois State Police, its officers and employees/contractors/agents, and any other agency, board or commission and its officers and employees which provide records concerning me for the purpose of this investigation, from any and all liability which may be incurred as a result of releasing such information.

Unless otherwise specified under statute or administrative rule, the Illinois State Police statutory and administrative procedures for conducting Uniform Conviction Information Act (UCIA), [20 ILCS 2635/1, et seq.] checks shall be followed.

I, the undersigned, 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. An electronic transmittal or photocopy of this release form will be valid as an original thereof, even though said document does not contain an original writing of my signature. I have read and understand the contents of this Request for Release of Criminal History Information.

Volunteer Signature (include maiden name in parenthesis) \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Information:

Last Name (Maiden Name in parenthesis if applicable) \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address (No P.O. Box addresses) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Driver's License Number/State Issued \_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic violation?  Yes  No

If your answer to the foregoing question is "yes", please provide a detailed statement for each such occurrence in the space below.

[Empty rectangular box for detailed statement]

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

IDNR Safety Education Supervisor Signature (results received) \_\_\_\_\_

