



ILLINOIS

Pat Quinn, Governor

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

## REQUEST FOR RELEASE OF INFORMATION

TO: Director  
Illinois State Police

FACILITY

Madden

I, \_\_\_\_\_, do hereby authorize the Illinois State Police to release information relative to the existence or nonexistence of any criminal record which it might have concerning me to any Department of the State of Illinois solely to determine my suitability for employment or continued employment with the State of Illinois. 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 provides these records to the Illinois State police, shall not be held accountable for giving this information. I do hereby release and save harmless the Illinois State Police, its officers and employees, and any other agency and its officers and employees which provides 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.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and understand the contents of this Request for Release of information.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License Number

Gender (circle) Male Female

COMPLETE AND SIGN BOTH SIDES OF THIS FORM

# APPLICANT BACKGROUND INFORMATION

Please complete the following question:

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.

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Signature

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Date

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