



County:	
Requestor's Name:	
Requestor's Email:	
County Director:	
Volunteer Program:	

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Please list your legal name as it appears on your driver's license.

Last Name:	
Middle Initial:	
Date of Birth:	Month Day Year
Sex:	"M" for Male "F" for Female "U" for Unknown
Race:	"W" for White (includes Mexicans and Latinos) "B" for Black "A" for Asian/Pacific Islander "I" for Indian/Alaskan Native "U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed	

Date _____

COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES University of Illinois | U.S. Department of Agriculture | Local Extension Councils Cooperating University of Illinois Extension provides equal opportunities in programs and employment.

4/2019