



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: _____
First 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 _____