

County: \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Requestor's Email: \_\_\_\_\_

**CONVICTION INFORMATION NAME CHECK  
REQUEST FOR VOLUNTEERS**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

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

Race (select 1 or more): White \_\_\_\_\_ Black/African American \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_ Two or More Races \_\_\_\_\_ Unknown \_\_\_\_\_

ETHNICITY: Hispanic or Latino \_\_\_\_\_ Non-Hispanic or Latino \_\_\_\_\_

GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

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 \_\_\_\_\_