



County: Unit 26  
Requestor's Name: Austin Little  
Requestor's Email: little84@illinois.edu  
County Director: Lynn Heins  
Volunteer Program: Master Gardener

## 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 \_\_\_\_\_

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