County:	Fulton
Requestor's Name:	Janis Blout
Requestor's Email:	jblout@illinois.edu
County Director:	Earl Allen
Volunteer Program:	4-H/U of I Extension

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 _____