

**Coal City Community Unit School District #1  
Criminal Background Check Procedure for Volunteers**

**Step 1**      **Fill out forms below.**

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**Step 2**      **Bring completed forms to the school office.**

**Step 3**      **Secretary will keep forms on file until you have been selected to volunteer in school classroom and/or accompany classroom on a field trip.**

# UNIFORM CONVICTION INFORMATION ACT NAME INQUIRY

(Please see the reverse side for instructions on completing this form.)

(All fields marked in **BOLD** are mandatory.)

**Please type or print all information.**



Transaction Control Number



FRM1130L78850906

Document Control Number

Submitting Agency ORI - NCIC (if applicable)

L78850906

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Subject's Last Name

First Name

Middle Name

Date of Birth

Sex

Race

Driver's License (DL) Number

DL State

The code values used in the Illinois State Police name search must include valid National Crime Information Center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male or "F" for Female. The standard code values for race codes include "W" for White (includes Mexicans and Latinos), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for Unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Requester's Name

Agency/Company Name (Either the requester name or agency must be provided)

Coal City CUSD#1

Return Address (Use the address you wish to have your response mailed to.)

Street Address: 550 S. Carbon Hill Road City: Coal State: IL Zip Code: 60416

Foreign State/Country

Foreign Postal Code

Licensing or Employment Purpose (Must select one)

(Yes)

(No)

Fee Amount

### Privacy Statement

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Chapter 20, ILCS 2635/7 of the Uniform Conviction Information Act. This form is designed to capture the necessary information required to ensure the proper demographic information is collected. This document also serves as a consent form which may be maintained on file by the requester. Consequently, the form may require a signature by the applicant in order to authorize the release of any criminal history record information that may exist regarding the applicant. An Illinois based criminal background check will be conducted by the Illinois State Police and the results of this inquiry will be forwarded to the requester for review and consideration.

Applicant Name (Printed):

Applicant Name (Signature):

Date:

/ /

ILLINOIS STATE POLICE  
Bureau of Identification  
260 North Chicago Street  
Joliet, Illinois 60432-4075  
PHONE: (815) 740-5160

**INSTRUCTIONS FOR COMPLETING UNIFORM CONVICTION INFORMATION ACT REQUEST FORMS**

On January 1, 1991, the Uniform Conviction Information Act (UCIA) became law in Illinois. This act mandates that all criminal history record conviction information collected and maintained by the Illinois State Police, Bureau of Identification, be made available to the public pursuant to ~~20 ILCS 2635/1 et seq.~~ The Illinois State Police maintains Illinois criminal history record information only. The UCIA permits only conviction information to be disseminated to the public.

There are two types of Uniform Conviction Information Act Request forms which can be used to request UCIA information. Form ISP 6-404E (11/10) is to be used to request a fingerprint based search. Form ISP 6-405B (12/14) is to be used to request a name based search. Each form has a unique transaction control number. Consequently, copies cannot be processed. All inquiries must be submitted on an original form. Forms can be obtained by contacting the Illinois State Police at (815) 740-5216. Forms can also be ordered through the Internet by selecting the Criminal History - Request UCIA Forms entry on the Illinois State Police Internet Home Page. Our home page address is <http://www.isp.state.il.us>.

Requests for UCIA information are to be made according to the following instructions. Failure to complete all required fields which are marked in **bold** will result in the return of the request unprocessed. **Also, failure to properly complete all required fields on the reverse side of this form will result in an error and will require an additional fee upon resubmission.**

1. The request must be legible. Failure to provide a legible request may result in an incorrect response or delays in delivery.
2. The requester must complete a Uniform Conviction Information Act Request form for each conviction record requested. Maiden names must be submitted on a separate form if name is to be searched.
3. Each request must contain the requester's complete return address.
4. Each request form must be accompanied by the correct fee in the form of a personal check, money order or cashier's check payable to the **ILLINOIS STATE POLICE**. Multiple requests may be submitted in the same envelope with a single check enclosed to cover the total cost for all requests.
5. The individual named in the request may initiate proceedings to challenge or correct a record furnished by the Illinois State Police by contacting the Bureau of Identification at (815) 740-5160 or request information via email at: [boi\\_customer\\_support@isp.state.il.us](mailto:boi_customer_support@isp.state.il.us).
6. The subsequent dissemination of conviction information furnished by the Illinois State Police is permitted only for the 30-day period immediately following receipt of the information.
7. The subject's complete and accurate name, sex, race and date of birth are required in order to check the Illinois criminal history record files. Without this information, the search of the Illinois criminal history record information files could be adversely affected.
8. Please do not include or attach any other correspondence.

**IF THE REQUEST IS FOR EMPLOYMENT OR LICENSING PURPOSES, THE FOLLOWING ADDITIONAL INSTRUCTIONS APPLY**

9. Pursuant to 20 ILCS 2635/7, a requester must maintain on file for a minimum of 2 years a release signed by the individual to whom the information request pertains.
10. The requester must provide the individual named in the request with a copy of the response furnished by the Illinois State Police.
11. Within 7 working days of receipt of such copy, the individual named in the request must notify the Bureau of Identification as well as the requester if the information furnished by the Illinois State Police is inaccurate or incomplete.

**\*\*\*\*\*NOTICE\*\*\*\*\***

*Any person who intentionally and knowingly requests, obtains or seeks to obtain conviction information under false pretenses, disseminates inaccurate or incomplete conviction information or violates any other provision of 20 ILCS 2635/1 may be guilty of a crime punishable by up to one year of imprisonment and/or may incur civil liabilities.*

**Instruction**

**Exhibit - Volunteer General Information, Consent, and Waiver of Liability**

*Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:*

**General Information**

Name \_\_\_\_\_  
*Last First Middle Phone*

Address \_\_\_\_\_  
*Street City Zip Code*

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency adult contact \_\_\_\_\_ Phone \_\_\_\_\_

Are you now or have you ever been a school volunteer? \_\_\_\_\_

At which school? \_\_\_\_\_ Year? \_\_\_\_\_

The name of any child or ward attending this school: \_\_\_\_\_

**Consent and Waiver of Liability**

I hereby consent to a criminal background investigation by the School District.

I acknowledge that the School District does not provide insurance coverage for any loss, injury, illness, or death resulting from my unpaid service to the School District.

I agree to assume all risk for death or any loss, injury, illness or damage of any nature of kind arising out of my supervised or unsupervised service to the School District. I agree to waive any and all claims against the School District or its officers, Board members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind resulting from my unpaid service to the School District.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Printed Name of Volunteer*

For School Use Only

General description of assignment(s): \_\_\_\_\_

Name of supervising staff member: \_\_\_\_\_

Criminal background check:

- Date on which check was requested \_\_\_\_\_
- Date on which information was received and reviewed \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
*Signature* *Date*

Adopted: September 18, 2000