

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

FRM1130L78864778

Document Control Number

L78864778

Submitting Agency ORI - NCIC (If applicable)

IL							
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Cost Center
(Office Use Only)

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)

LYNN MUSCARELLO DIOCESE OF BELLEVILLE/ 725

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

Street Address: **2620 LEBANON AVE.** City: **BELLEVILLE** State: **IL** Zip Code: **62221**

Foreign State/Country Foreign Postal Code Licensing or Employment Purpose (Must select one) (Yes) (No) Fee Amount **\$10.00**

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: ____/____/____

PLEASE MAIL THIS FORM TO:
ILLINOIS STATE POLICE • BUREAU OF IDENTIFICATION • 260 NORTH CHICAGO STREET • JOLIET, ILLINOIS 60432-4075