

# Regional Office of Education 41

## School Employee

**Location:** 157 North Main Street, Suite 438 Edwardsville, IL 62025

**Phone:** 618-296-4530

**Location Note:** You will find us in the Administration Building next to the Madison County Courthouse

**Hours:** Monday – Friday, 8:30 – 4:00pm

**Purpose Code:** CSE

First Name		Last Name		Middle Initial	
Maiden Name/ Other Names Used		SSN		DOB	State of Birth
Address		City		State	Zip
Gender	Race	Eye Color	Hair Color	Height	Weight
Drivers License Number		State Issued	Phone Number		
<b>Applicant Verification and Authorization</b>					
<p>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 authorize the Regional Office of Education in Madison County to capture and securely transmit my fingerprints to the Illinois State Police and/or Federal Bureau of Investigations for the purpose of checking my criminal history record information. I further understand that my fingerprints may be retained by the Illinois State Police and/or Federal Bureau of Investigation pursuant to applicable statute.</p> <p>If your fingerprints are AFIS unacceptable and reprinting is necessary to receive results, the customer is required to pay a reprint fee charged by the Illinois State Police.</p>					
<b>Signature of Applicant</b>					
Signature _____					
<b>District Use Only</b>					
Signature of District Superintendent or Designee: _____					
School: _____			ORI: _____		
<b>ROE Use Only</b>					
Technician Signature: _____					
Date _____		Time _____		Sex Offender/ Child Murder Checked _____	

- Please note: a district signature waives any fees as the district will be billed for the fingerprint fees.