

Regional Office of Education 41
School Bus Driver Fingerprinting

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: SBD

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 _____		
<p>Applicant Verification and Authorization</p> <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>					
<p>Signature of Applicant _____</p> <p style="text-align: center;">Signature</p>					
<p>District/Company Use Only</p> <p>Signature of District Superintendent or Designee: _____</p> <p>School Bus Driver ORI: _____</p>					
<p>ROE Use Only</p> <p>TCN Number: _____</p> <p>Technician Signature: _____</p> <p>Date _____ Time _____</p> <p style="text-align: right;">Sex Offender/ Child Murder Checked _____</p>					

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

Livescan Vendor Information and Applicant Consent Form

Instructions:

This form is to be completed by the agency or organization seeking to have a fingerprint based criminal history record information check completed for an applicant. It is imperative that the correct agency/organization identification number (ORI) and purpose code be included on the form in order to ensure that the criminal history check is processing properly and that the criminal history response is forwarded to the appropriate destination. The agency/organization contact person's name and phone number should also be included in case the livescan vendor encounters a problem or has questions regarding billing, etc. The livescan vendor will use the applicant information appearing on the form to verify the identification documentation provided by the applicant before the fingerprints are taken. Consequently, it is important that the agency/organization complete the applicant information section in detail. The applicant should sign the form in order to authorize the release of any criminal history record information that may exist regarding the applicant. Once the form is completed and signed, two copies of the form should be made by the agency/organization. Both copies are to be provided to the applicant. The applicant is to give one copy of the form to the livescan fingerprinting vendor to use to submit the criminal history record fingerprint inquiry to the Illinois State Police and/or Federal Bureau of Investigation for processing. The applicant should keep the other copy for their files. The form containing the applicant's original signature authorizing the release of any criminal history record information that may exist, should be maintained in file by the agency/organization seeking to employ, license or utilize the services of the applicant.

Agency/Organization Information

Agency/Organization Name:		Agency/Organization ORI Number:
Cost Center (if applicable):	Purpose Code: SBD	Request Type: State/FBI <input type="checkbox"/> State Only <input type="checkbox"/> FBI Only <input type="checkbox"/>
Contact Person Name:		Contact Person Phone #:

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN:	Drivers License #:		DL State:

LiveScan Vendor/Appointment Information

Vendor Name: Madison County Regional Office of Education	Address: 157 N. Main St., Ste. 438, Edwardsville, IL 62025	
Phone Number: 618-296-4530	Appointment Date:	Appointment Time:

Applicant Consent

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 am aware and understand that my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may inaccurate or incomplete.

Applicant Name (printed):	Date:
Applicant Name (signature):	Date: