



**Regional Office of Education 41**  
 157 North Main Street, Suite 438  
 Edwardsville, Illinois 62025

Phone: 618-296-4530  
 Fax: 618-692-7018  
[www.roe41.org](http://www.roe41.org)

We are located on the 4<sup>th</sup> floor of the Madison County Administration Building next to the Madison County Courthouse

Please submit this document with the appropriate fee of \$25.00 in the form of cash or money order made out to the Regional Office of Education. To facilitate prompt processing please complete all items below. PLEASE PRINT LEGIBLY.

Last Name

First Name

Middle Initial

Date of Birth

Sex

Race

Driver's License Number

State Issued

Requestor's Name

Agency Name

Street Address

City

State

Zip code

Phone Number

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.

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.

Signature

Date

Please retain this receipt for your records. There is a \$10.00 Replacement Fee.

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**Internal Use Only**

Technician Name

Date

Technician Signature

Sex Offender

Child Murder

Transaction Control Number (TCN)