

Illinois Department of Central Management Services
Authorization for Release of Criminal History Information

TO: Director, Illinois State Police

I, _____ do hereby authorize the Illinois State Police to release information relative to the existence or nonexistence of any conviction which it might have concerning me to any agency, board or commission of the State of Illinois solely to determine my suitability for employment or continued employment with the State of Illinois or service to the State of Illinois on behalf of a vendor to the State of Illinois. I further authorize any agency, board or commission which maintains records relating to me to provide same on request to the Illinois State Police for the purpose of this investigation.

I certify that the Illinois State Police, and its officers or employees/contractors/agents who furnish this information concerning me, and any agency, board or commission and its officers and employees which provide these records to the Illinois State Police, shall not be held accountable for giving this information. I do hereby release and save harmless the Illinois State Police, its officers and employees/contractors/agents, and any other agency, board or commission and its officers and employees which provide records concerning me for the purpose of this investigation, from any and all liability which may be incurred as a result of releasing such information.

If criminal history background checks are conducted, unless otherwise specified under statute or administrative rule, the Illinois State Police statutory and administrative procedures for conducting Uniform Conviction Information Act (UCIA), [20 ILCS 2635/1, et seq.] checks shall be followed. The criminal history transcripts can be included as part of a nexus review. The applicant shall be provided a copy of his/her criminal background check. The applicant has the obligation and responsibility to notify the hiring agency and the Illinois State Police Bureau of Identification within seven (7) business days if the information is inaccurate or incomplete. The hiring agency shall notify the applicant should he/she be disqualified for a specific position applied for due to his/her past criminal convictions.

It is incumbent upon the applicant to ensure his/her criminal history information is accurate and up-to-date at all times. Errors in criminal history transcripts and/or delays in challenging or correcting record information shall not be construed as sufficient justification to delay the hiring process. A candidate who has provided notice that his criminal history information is incorrect may be by-passed by the hiring agency in favor of another candidate.

An agency, board or commission shall refuse to consider further any candidate who refuses to complete and sign the Authorization for Release of Criminal History Information form.

An electronic transmittal or photocopy of this release form will be valid as an original thereof, even though said document does not contain an original writing of my signature.

Applicant Certification:

I have read and understand the contents of and conditions of use for information provided on this Authorization for Release of Criminal History information form. I also understand that completion of this background check does not preclude the hiring agency from performing other background checks (such as drug-testing, prior employment, reference checks, etc.) in accordance with agency policy and/or as required for a particular position.

Witness

Applicant Signature and Date

COMPLETE AND SIGN BOTH SIDES OF THIS FORM

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(continued)

Pursuant to Administrative Order #1 (2013), it is the policy of the State of Illinois not to base employment decisions on the criminal history of an applicant for state employment unless: (1) federal or state law prohibits hiring an individual with certain criminal convictions for the position that an applicant is seeking; or (2) the applicant has been convicted of an infraction that is reasonably related to the position sought, and denial of employment based on that criminal history is consistent with business necessity and the State's duty to serve and protect its citizens.

Printed Name (include full name, maiden name, and include any other names by which you have been known)

Signature

Date of Birth

Address

Driver's License Number/State Issued

City, State

Zip Code

INTERNAL INSTRUCTIONS FOR HIRING AGENCY

This form must be accompanied by either the UCIA Name Inquiry form (Form ISP 6-405B) or the UCIA Fingerprint Inquiry form (Form ISP 6-404B) and is to be completed by the hiring agency. These ISP forms provide Principal Requester Contact Information and Category of Inquiries Information. These forms may only be ordered from the ISP home page (<http://www.isp.state.il.us/>) and selecting the Criminal History link on the left side under Agency Links or by calling ISP Bureau of Identification at 815/740-5160 between 8:00 a.m. & 4:00 p.m. Monday through Friday. The name check process can be performed electronically and details are provided at:

<http://www.isp.state.il.us/crimhistory/convictioninquiries.cfm>. The UCIA fingerprint form can be ordered and then taken to a local law enforcement agency for fingerprinting or the individual applicant may contact one of ISP's licensed live scan fingerprint vendors listed at:

<https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp>. Each form may only be used once and cannot be copied or duplicated as each form contains a unique Transaction Control Number used for internal ISP tracking purposes.

The Illinois Uniform Conviction Information Act, 20 ILCS 2635/13, provides that results pursuant to this criminal background check should only be relied upon for 30 days. As such, this background check is not limited to a specific position and may be secondarily disseminated for a period of 30 days and is not limited to a single reason for inquiry. Each executed Authorization for Release of Criminal History Information must be maintained on file for at least 2 years pursuant to 20 ILCS 2635/7.

Upon receipt of the criminal history record information, the hiring agency, board or commission shall provide a copy to the candidate and notify him/her that he/she has the obligation and responsibility to notify the hiring agency within seven (7) days if the information is inaccurate or incomplete.

Any questions related to the UCIA program may be directed to the ISP Bureau of Identification at 815/740-5160.

COMPLETE AND SIGN BOTH SIDES OF THIS FORM