CONVICTION INFORMATION NAME CHECK
REQUEST FOR VOLUNTEERS

Last Name: _______________________________________
First Name: _______________________________________
Middle Initial: _____________________________________

Date of Birth: [ ] Month [ ] Day [ ] Year

Sex: [ ] “M” for Male
     [ ] “F” for Female
     [ ] “U” for Unknown

Race: [ ] “W” for White (includes Mexicans and Latins)
      [ ] “B” for Black
      [ ] “A” for Asian/Pacific Islander
      [ ] “I” for Indian/Alaskan Native
      [ ] “U” for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed _______________________________  Date _______________________________

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