



Cast eBranch



CastleBranch

1844 Sir Tyler Drive
28405
263

Note: To avoid cancellation, this form must be returned within five business days.

To: Operations

Attention: Order Processing

Fax: 910.343.9731

Email: expedite@castlebranch.com

From:

Re: Illinois State Police Release Form

Pages:

Date:

Name of Applicant: _____

Order Number: _____

Instructions for Completing This Release

You must complete this form in its entirety and exactly as specified. Failure to meet all the requirements as indicated will result in a rejection of your release and a delay in your search.

1. Print out the corresponding release below and complete all required fields.
 2. Sign the form.
 3. Under "Printed Name" provide your full name (First Middle Last)
 4. Date the form.
 5. Under "Order Number " provide your order number from your confirmation page
 6. Under "Date of Birth" provide your full date of birth (MM/DD/YYYY).
 7. Under "Company Name" provide the name of your school or employer.
 8. Send the completed form to CastleBranch to process your request.
- Fax to: **910-343-9731** or email to: expedite@castlebranch.com

Illinois State Police Search
Criminal Record Information Release

I hereby authorize Castle Branch to obtain and subsequently disseminate, and the Illinois Department of State Police to provide and release, conviction information and criminal history record information about me, including, without limitation, for purposes of employment or licensing.

*Signature: _____

*Printed Name: _____

*Date: _____

*Order number: _____

*Date of birth: _____

*Company Name: _____

*Company CAC: _____

*Indicates a required field.