

Illinois Criminal History Instructions

AUTHORIZATION FOR BACKGROUND CHECKS – ILLINOIS

I authorize the following persons, agencies, and entities to disclose to ADP Screening and Selection Services (SASS) and its agents all information about or concerning me, as allowed by law for licensing or employment purposes only: **Illinois State Police**. As allowed by law, such disclosure may include, but is not limited to, the following information: public records, driving records.

I also agree that a copy of this form is valid like the signed original.

First _____ Middle _____ Last _____

FOR IDENTIFICATION PURPOSES ONLY:

Social Security Number _____

Maiden/Other Names _____ Years Used _____

Gender _____

By signing below, I acknowledge that I have been notified that a background check may be conducted using the Illinois State Police Systems.

Signature _____

Today's Date (Month/Day/Year) _____

REMINDER:

All information listed on the release must match the information provided for the order exactly

Applicant completes all areas in **YELLOW**
Please be sure that the applicant completes these sections in their entirety.



- Did the applicant sign and date the release? Is the signature date current?
- Is this release completed in black ink? Other color inks may cause legibility issues that could lead to release rejections or delays.
- Is this document free of alterations (including initialed changes)? Alterations and initialed changes are not accepted by the state.

Electronic Submissions Accepted

This is a sample only and is not to be completed or submitted to ADP.
Any sample documents that are completed and submitted will be rejected.

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