



# Sangamon-Menard Regional Office of Education

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**Jeff Vose**  
Regional Superintendent of Schools

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Assistant Regional Superintendent

**www.roe51.org**

## STUDENT TEACHER/OBSERVER BACKGROUND CHECK RELEASE

**A government issued photo ID must be shown at the time of fingerprinting. Signature of the District Superintendent must be provided below before the background check can be conducted and released.**

### PERSONAL INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_ DATE OF BIRTH (YYYYMMDD): \_\_\_\_\_

DL NUMBER: \_\_\_\_\_ STATE ISSUING DL: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_ PLACE OF BIRTH (STATE): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PHYSICAL DESCRIPTION:

SEX:  MALE  FEMALE  UNKNOWN

RACE: \_\_\_\_\_ (Options: Asian, American Indian/Alaskan, Black, White/Hispanic, Unknown)

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

IDENTIFYING SCARS/TATTOOS: \_\_\_\_\_

### APPLICANT AUTHORIZATION

The results will be sent to the Sangamon-Menard Regional Office of Education. I understand that a separate background check must be completed for EACH school district where student teaching/observations will take place. And, the District Superintendent from each school district must authorize this. 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 Sangamon-Menard Regional Office of Education to capture and securely transmit my fingerprints to 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 district/business/individual is required to pay the reprint fee. Procedure for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, CFR 16.34.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I affirm that I have initiated a fingerprint background check with: \_\_\_\_\_  
(Name of School District)

**FOR DISTRICT USE ONLY:** I hereby give permission for the applicant to be fingerprinted for Student Teaching/Observing.

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FOR ROE OFFICE USE ONLY:**

ORI: \_\_\_\_\_ TCN: \_\_\_\_\_

PAID: CASH \_\_\_\_\_ CHECK (Number) \_\_\_\_\_ DEBIT/CREDIT (Approval Code): \_\_\_\_\_

FP TECH: \_\_\_\_\_ DATE: \_\_\_\_\_ PHOTO ID PRESENTED: \_\_\_\_\_