**Employee/Volunteer Background Check Authorization Form**

This form is for all employees/volunteers required to complete a fingerprint Background Check. The form will be used for those purposes only. Please submit the completed form to:

Illinois State University Physical Address: Nelson Smith Building, Room 101

Human Resources 718 W. College Ave.

Campus Box 1300 Normal, IL 61790

Normal, IL 61790-1300 FAX: 309-438-0011

Phone: 309-438-8311 Email: [mrchap1@ilstu.edu](mailto:mrchap1@ilstu.edu)

To be Completed by employee (please print)

Employee Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name MI Last Name

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Month day year

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for Illinois State University to initiate the required fingerprint or other criminal background (state and Federal Bureau of Investigation), National Sex Offender Registry, and Illinois Department of Children and Family Services Child Abuse and Neglect Tracking System Checks.

I understand that any work at the University and on the Laboratory Schools property cannot be started until I have passed a satisfactory criminal background investigation as determined by the University in its sole discretion.

I understand that I will be provided a copy of this background check, and a copy will be given to authorized University personnel to be maintained in accordance with University policy. I acknowledge that no specific information regarding results of the Background Check will be released to any other third party.

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

To be Completed by Hiring Unit

This position is:

* Faculty Associate □ Substitute Teacher □ Administrative Professional
* Faculty ~ TT □ Civil Service □ Graduate Assistant
* Faculty ~ NTT □ Civil Service Extra Help □ Student Worker
* Volunteer ~\_(list activity/event/role)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other ~ \_\_\_\_(list activity/event/role)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee/Volunteer Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name and Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_