



# 2020-2021 Criminal History Authorization Form

All background checks are required for all persons listed in the budget section 1 of the grant and must be initiated BEFORE the start date  
(member, staff/site supervisor in budget Section 1 of grant, match or inkind included)

I hereby authorize \_\_\_\_\_ to conduct the following required criminal history and background checks:

	<b>1. FBI fingerprint criminal history record information. (Must be initiated BEFORE start date)</b> Date Submitted: ___/___/___      Date Received: ___/___/___
	<b>2. Illinois State Police background check. (Must be initiated BEFORE start date)</b> Date Submitted: ___/___/___      Date Received: ___/___/___
	<b>3. Additional State (Not IL) Police background check. (Must be initiated BEFORE start date)</b>  State listed as permanent address on Member Information in eGrants: _____ Date Submitted: ___/___/___      Date Received: ___/___/___
	<b>4. National Sex Offender Public Website Registry (NSOPW) (Must be <u>COMPLETED</u> BEFORE start date)</b> Date Completed: ___/___/___  <b>(Member cannot begin service until the NSOPW is completed in all 50 states, tribes and territories)</b>

- I understand this information will be used, in part, to determine my eligibility to serve as a member/staff/site supervisor in this program and approval to serve the program is contingent upon a review of the information received. If I dispute the record as received, I understand I will have an opportunity to review the criminal history as received by this agency and provide clarification.
- I acknowledge that I have voluntarily provided the above information and I have read and understand this authorization.
- I understand that all persons, regardless of their access to vulnerable populations, are required to be accompanied at all times until either their FBI or State of Illinois background check report has been received, reviewed and a decision tree/memo filed if applicable.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (Must be BEFORE Background Checks Initiated)

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date