

Instruction

Exhibit – Local Criminal History Background Investigation Request Form

**CRIMINAL HISTORY BACKGROUND INVESTIGATION
REQUEST FORM FOR
ILLINOIS SCHOOL EMPLOYMENT**

By signing below I authorize the Granite City Police Department to release any and all records that pertain to me to the Granite City Community Unit School District #9 so they can complete an investigation of any criminal background history.

NAME _____

SEX _____ **DATE OF BIRTH** _____

SIGNATURE OF APPLICANT **DATE**

My signature appears to verify that I have personally witnessed the applicant sign this waiver and I have determined the signer's identification by inspecting his/her driver's license or other appropriate document.

AUTHORIZED WITNESS **DATE**

Adopted: 11/9/04