



AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Candidates seeking certification are advised that certain convictions enumerated in Sections 10-21.9 and 21-23a of the *School Code of Illinois* prohibit certification or employment in public schools. The following questions appear on the Illinois Application for Teaching Certificate and the Illinois Application for School Service Personnel or Administrative Certificate and must be answered.

Have you:

- Yes ___ No ___ Ever had a certificate denied, suspended or revoked in Illinois or any other state?
- Yes ___ No ___ Ever been convicted of a felony or **any** sex, narcotics or drug offense in Illinois or any other state?
- Yes ___ No ___ Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law administered by that Department that was not subsequently resolved to the Department's satisfaction?
- Yes ___ No ___ Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?
- Yes ___ No ___ Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?
- Yes ___ No ___ I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. I understand that failure to so certify shall result in disciplinary action and making a false statement may subject me to contempt of court.

I hereby authorize the Council on Teacher Education at the University of Illinois at Urbana-Champaign to request a criminal background check on me through the Illinois State Police. I understand that my placement in the schools to complete practice necessary to be recommended for certification is contingent upon the results of the background check. I understand that I am responsible for the fees associated with this procedure and that I may be required to provide fingerprints. I understand that failure on my part to consent to the review will result in the cancellation of any admission to a teacher education program. I also understand that if I am admitted to a program, but that my background check includes evidence of a criminal history, that history will be shared with the school district being considered for placement. I understand that the nature of that history might prohibit me from being placed in a given school district and that the district has the right to refuse my placement.

I verify that the information presented on this form is accurate and complete.

(Signature)

(Date)

Information required by Illinois State Police: (Please Print Legibly)

FULL NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SEX: _____ RACE:* A B I W U (Circle one)

*We have been told that these categories match Federal Bureau of Investigation categories and that they are currently required by law. A = Asian/Pacific Islander, B = Black, I = American Indian/Alaskan Native, W = White, U = Unknown. We have been told that Hispanics should be entered with the race code most closely representing the individual.

Information required by University of Illinois at Urbana-Champaign:

TEACHER EDUCATION MAJOR: _____

ADDRESS AND PHONE:** _____

NET ID: _____

****Please give us the address where you will be for the next 3 weeks.** You will be notified of the results of the criminal background check. You will have seven (7) days to notify us if the information is inaccurate or incomplete.

Return this form and a check in the amount of \$20 made payable to the University of Illinois at Urbana-Champaign to:

Council on Teacher Education
505 East Green Street, Suite 203
Champaign, IL 61820

If you have questions about this form or the process please call (217)333-2804.

Revised form approved by University Legal Counsel 5/29/01

2/6/02