



UNIVERSITY OF ILLINOIS
EXTENSION

County: Champaign
Requestor's Name: Karyn Traum
Requestor's Email: traum@illinois.edu

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Last Name: _____
First Name: _____
Middle Initial: _____
Date of Birth:
Month Day Year

Sex: "M" for Male
"F" for Female
"U" for Unknown

Race: "W" for White (includes Mexicans and Latins)
"B" for Black
"A" for Asian/Pacific Islander
"I" for Indian/Alaskan Native
"U" for Unknown

I authorize University of Illinois Extension to provide the above information to Illinois State Police for a Conviction Information Check. I verify that the information provided is accurate. I understand any false information may be sufficient grounds for rejection or dismissal.

Signed _____ Date _____

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