



UNIVERSITY OF ILLINOIS  
EXTENSION



County: Logan  
 Requestor's Name: Amy Hyde  
 Requestor's Email: amyhyde@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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 University of Illinois Extension provides equal opportunities in programs and employment.  
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