



UNIVERSITY OF ILLINOIS
EXTENSION



County: Jo Daviess
 Requestor's Name: Alexandra Burbach
 Requestor's Email: aburbach@illinois.edu
 County Director: Margaret Larson
 Volunteer Program: Master Gardener

CONVICTION INFORMATION NAME CHECK REQUEST FOR VOLUNTEERS

Please list your legal name as it appears on your driver's license.

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 Latinos)
 "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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