



CONVICTION INFORMATION REQUEST

The Koleman Group LLC
15 N 1st St Ste D Belleville, IL 62220
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Applicant Information (PRINT Clearly)

Form with fields: Name: last, first, middle; Sex; Address City State Zip code; Place of birth; Driver's License #; DL State; SSN; Phone Number; Tech.

Requestor Information (For UCIA Applicants only) Results will be sent here!

Name \_\_\_\_\_ Agency Name \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Applicant Consent

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from an agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints will be taken and used to check the criminal history record information files of the Illinois State Police and Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Applicant Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_
Applicant Name Signature: \_\_\_\_\_

TCN / DCN : LS11351L8148 \_\_\_\_\_ Date Fingerprinted \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY

Proof of Identification: Drivers License\_\_ State ID\_\_ FOID\_\_ Passport\_\_ Military ID\_\_ Other\_\_

# \_\_\_\_\_ Expiration \_\_\_\_\_