

# Employee/Volunteer Background Check Authorization Form

This form is for all employees/volunteers required to complete a fingerprint Background Check. The form will be used for those purposes only. Please submit the completed form to:

Illinois State University  
Human Resources  
Campus Box 1300  
Normal, IL 61790-1300  
Phone: 309-438-8311

Physical Address: Nelson Smith Building, Room 101  
718 W. College Ave.  
Normal, IL 61790  
FAX: 309-438-0011  
Email: [slbelfo@ilstu.edu](mailto:slbelfo@ilstu.edu)

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To be Completed by employee (please print)

Employee Legal Name: \_\_\_\_\_  
First Name MI Last Name

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month day year

Email: \_\_\_\_\_

I give permission for Illinois State University to initiate the required fingerprint or other criminal background (state and Federal Bureau of Investigation), National Sex Offender Registry, and Illinois Department of Children and Family Services Child Abuse and Neglect Tracking System Checks.

I understand that any work at the University and on the Laboratory Schools property cannot be started until I have passed a satisfactory criminal background investigation as determined by the University in its sole discretion.

I understand that I will be provided a copy of this background check, and a copy will be given to authorized University personnel to be maintained in accordance with University policy. I acknowledge that no specific information regarding results of the Background Check will be released to any other third party.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To be Completed by Hiring Unit

This position is:

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|---|---|--|
| <input type="checkbox"/> Faculty Associate                            | <input type="checkbox"/> Substitute Teacher       | <input type="checkbox"/> Administrative Professional |
| <input type="checkbox"/> Faculty ~ TT                                 | <input type="checkbox"/> Civil Service            | <input type="checkbox"/> Graduate Assistant          |
| <input type="checkbox"/> Faculty ~ NTT                                | <input type="checkbox"/> Civil Service Extra Help | <input type="checkbox"/> Student Worker              |
| <input type="checkbox"/> Volunteer ~ (list activity/event/role) _____ |   |  |
| <input type="checkbox"/> Other ~ (list activity/event/role) _____     |   |  |

Employee/Volunteer Department: Metcalf

Contact Name and Phone: Marissa Held 438-7624