



**ILLINOIS STATE  
UNIVERSITY**  
*Illinois' first public university*

**Superintendent of the Laboratory  
Schools**

506 DeGarmo Hall  
Campus Box 5300  
Normal, IL 61790-5300  
Phone: (309) 438-8542  
Fax: (309) 438-3813  
Thomas Metcalf School:

## MEMO

To: Employees and Volunteers  
From: Dr. Dana Kinley, Superintendent, Laboratory Schools  
Re: Fingerprint Background Checks

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As you may be aware, the Illinois School Code requires all school employees and other agents who may have direct and/or daily contact with students in grades PK – 12 to have a fingerprint background check. The Illinois School Code does not allow for individuals to be grandfathered in based on previous work experience. To come into compliance, we need all University employees who visit the Laboratory Schools and may have direct and/or daily contact with students to complete a fingerprint background check. We are aware this may be a bit of an inconvenience, but nonetheless, a necessity to comply with the law and, more importantly, create the safest possible environment for our students. We truly value our work together as we develop future teachers and are hopeful you continue to utilize the Laboratory Schools to that end.

As part of the criminal background check, all ISU employees and volunteers assigned to work on the Laboratory Schools property must undergo a fingerprint check at the University's expense by state statute.

There are two options for you to choose from to get your fingerprint check completed:

### Option 1

Human Resources has arranged for Biometric Impressions to fingerprint ISU employees on Mondays and Wednesdays from 9:00 am to 4:00 pm. Biometric Impressions is in the upstairs conference room at the Bloomington YMCA, located at 602 S. Main St., Bloomington, IL 61701. Appointments are not accepted, so you are encouraged to call (630) 532-5922 to check their availability.

- Return the attached completed "Background Check Authorization Form" to Breanna Plese at [bcplese@ilstu.edu](mailto:bcplese@ilstu.edu) or (309) 438-0011.
- Take the attached completed Biometric Impressions authorization form to your appointment.
- Upon arrival at your appointment, you must show a government issued ID and have your picture taken.

### Option 2

Human Resources has also arranged for Identigo (formerly L-1 Enrollment Services Division) to fingerprint ISU employees. Their offices are located at 1701 Empire, Suite 360 in Bloomington and at Crossroads Center, 482 Wylie Drive in Normal. They are available for fingerprinting Monday through Friday. You may call 1-800-377-2080 immediately to schedule your fingerprinting appointment. Tell Identigo it is for Illinois State University and the billing account number is L12817S. Alternatively, you



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may schedule an appointment online at [www.identogo.com](http://www.identogo.com) by following the process outlined below, then complete the attached "Background Check Authorization Form" and return it to Breanna Plese at [bcplese@ilstu.edu](mailto:bcplese@ilstu.edu), (309) 438-0011, or 1300 Human Resources. Upon arrival at your appointment, you must show either your driver's license or another valid State or Federal photo ID.

- Return the attached completed "Background Check Authorization Form" to Breanna Plese [bcplese@ilstu.edu](mailto:bcplese@ilstu.edu) or (309) 438-001.1
- Visit <http://www.identogo.com/>
  - Select State: Illinois
  - Select: Online Scheduling
  - Select: Follow this link to continue in English
  - Insert First and Last Name and then click go
  - Agency Name: Select **Public Schools** and then click go
  - Agency #/ORI: Select **Illinois State University** and then click go
  - Enter an Illinois zip code for nearest location and then click go
  - For date and time: select a date on the calendar that is highlighted in blue, then select a time for the appointment and click go
  - Personal Information: Will need to complete all areas marked with red asterisk
  - Payment Method: select billing account
  - Billing Account Number: Fill in the number L12817S
  - Once completed, click Send Information
  - Print the confirmation page to take with you to your appointment

Either of these options will generate fingerprint results that will be sent directly to Human Resources for review pursuant to University Policy 3.1.30 Criminal Background Investigation Policy and/or any contract or agreement with the University. The policy can be accessed online at <http://policy.illinoisstate.edu/employee/3-1-30.shtml>.

## 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: [bcplese@ilstu.edu](mailto:bcplese@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:

- |   |   |  |
|---|---|--|
| <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: \_\_\_\_\_

Contact Name and Phone: \_\_\_\_\_

# Biometric Impressions

"Striving to be the Leader of Fingerprinting Services"

Visit any of our multiple locations throughout Illinois

Phone: (630) 532-5922 | Fax: (888) 745-0247

[www.biometricimpressions.com](http://www.biometricimpressions.com) | E-Mail: [info@biometricimpressions.com](mailto:info@biometricimpressions.com)



## Interested in setting up an account with us?

Please visit our website, [biometricimpressions.com](http://biometricimpressions.com), and click on "Set up an Account". Please fill out the information and submit it. Once we receive it, one of our Account Managers will be in touch with you!

## Why should you choose us?

- # 1 Customer Service in the industry
- Best and most flexible office hours in the industry
- Multiple locations throughout Illinois
- Mobile Fingerprinting Services
- No contract required
- Bilingual staff at your service
- Ability to check status of background checks with one call

Legal Name: \_\_\_\_\_  
 Last First M. Initial

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\*Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

\*\*Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

\*\*\*Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

\*\*\*\*By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. 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 pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

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

Purpose Code: \_\_\_\_\_ CSE O.R.I. #: \_\_\_\_\_ ILL12817S

Applicant TCN #: \_\_\_\_\_

### OFFICIAL USE ONLY

ID Type: \_\_\_\_\_ ID State: \_\_\_\_\_ No: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Technician: \_\_\_\_\_

### PAYMENT METHOD

Cash Check No. \_\_\_\_\_ Credit Card

