

For Office Use:
Request sent: _____
Result Received: _____

ILLINOIS STATE POLICE

Division of Administration
Bureau of Identification
260 N. Chicago Street
Joliet, Illinois 60432-4075

CONVICTION INFORMATION REQUEST NON-FINGERPRINT FORM

This request is for employment or licensing purposes. Yes No

Subject Information

Subjects Name: _____
Last Name First Name Middle Initial

Date of Birth _____ / _____ / _____
month day year

Sex: _____ Race: _____

Valid Codes for Sex

Male.....M
Female.....F
Unknown.....U

Valid Codes for Race

White.....W
Black.....B
Asian/Pacific Island.....A
American Indian/Alaskan.....I
Unknown.....U

Subject Signature: _____

Parent Signature: _____
(If under age 18)