

Attached is our substitute intent form that you will need to fill out, when completed, you can email back to me at jreis@sese.org or mail to me at:

South Eastern Special Education
Attn: Joyce Reis
500 S Scott Ave
Newton, IL 62448

I will mail/email you the rest of the employment paperwork that will need to be completed. Please return all forms to me. If you have any questions, please do not hesitate to email jreis@sese.org or call me at 618-455-3396 ext 254.

I have also included the steps to obtain proper licensure. Please contact Amy Frohning at ROE#12 afrohning@roe12.org - 618-783-2523 for any assistance with this process.

Make it Happen

**2024-2025 SCHOOL YEAR
SUBSTITUTE TEACHER/PARAPROFESSIONAL INFORMATION**

TEACHER **PARAPROFESSIONAL** **BOTH**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PREFERRED PHONE : _____ **OTHER NUMBER:** _____

EMERGENCY CONTACT: _____

E-MAIL: _____

DAYS AVAILABLE: **MON** **TUES** **WED** **THURS** **FRI**

TIMES AVAILABLE: **AM** **PM** **BOTH**

LOCATION – DISTRICT - CLASSROOM PREFERENCE:

| | |
|---|--|
| <input type="checkbox"/> MSI I/II North Clay Elementary Louisville, IL | <input type="checkbox"/> MSI III North Clay Jr. High Louisville, IL |
|---|--|

| | | | |
|---|--|--|---|
| <input type="checkbox"/> ED I Clay City Elementary Clay City, IL | <input type="checkbox"/> ED II Clay City Elementary Clay City, IL | <input type="checkbox"/> ED III Clay City Jr High Clay City, IL | <input type="checkbox"/> Autism III/IV Clay City High School Clay City, IL |
|---|--|--|---|

| |
|--|
| <input type="checkbox"/> ECE Flora Elementary Flora, IL |
|--|

| | |
|---|---|
| <input type="checkbox"/> ECE Bridgeport Grade Bridgeport, IL | <input type="checkbox"/> MSI I Bridgeport Grade Bridgeport, IL |
|---|---|

| | | | |
|--|---|---|---|
| <input type="checkbox"/> ECE Richland Early Learning Center Olney, IL | <input type="checkbox"/> Autism I/II A Richland Elementary Olney, IL | <input type="checkbox"/> Autism I/II B Richland Elementary Olney, IL | <input type="checkbox"/> MSI IV Richland High School Olney, IL |
|--|---|---|---|

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Autism I Hutsonville Elementary Hutsonville, IL | <input type="checkbox"/> Autism II Hutsonville Elementary Hutsonville, IL | <input type="checkbox"/> Autism III Hutsonville High School Hutsonville, IL | <input type="checkbox"/> Autism IV Hutsonville High School Hutsonville, IL |
|---|--|--|---|

| | | | |
|---|---|---|--|
| <input type="checkbox"/> ECE Washington Grade Robinson, IL | <input type="checkbox"/> MSI II Lincoln Grade Robinson, IL | <input type="checkbox"/> MSI III Nuttall Middle Robinson, IL | <input type="checkbox"/> MSI IV Robinson High School Robinson, IL |
|---|---|---|--|

| | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> ECE Oblong Elementary Oblong, IL | <input type="checkbox"/> ED I Oblong Elementary Oblong, IL | <input type="checkbox"/> ED II Oblong Elementary Oblong, IL | <input type="checkbox"/> ED III Oblong Elementary Oblong, IL | <input type="checkbox"/> ED IV Oblong High School Oblong, IL |
|--|---|--|---|---|

| | | |
|---|--|---|
| <input type="checkbox"/> Next Step II Day School Willow Hill, IL | <input type="checkbox"/> Next Step III Day School Willow Hill, IL | <input type="checkbox"/> Next Step IV Day School Willow Hill, IL |
|---|--|---|

RETURN TO: **South Eastern Special Education**
Attn: Joyce Reis
500 S Scott Ave
Newton, IL 62448

CHECKLIST to APPLY and REGISTER an ISBE LICENSE

_____ Create an ELIS account (if you do not already have one) [Click on link for instructions https://www.roe12.org/licensure/](https://www.roe12.org/licensure/)

Request official transcript be sent directly from a regionally accredited institution to ROE 12

_____ Can be emailed to: **afrohning@roe12.org**

PARA license only - Provide high school diploma or equivalent and WorkKeys test results to ROE 12

_____ Can be emailed to: **afrohning@roe12.org**

STA-PARA only - Provide high school diploma or equivalent to ROE 12

_____ Can be emailed to: **afrohning@roe12.org**

_____ Apply for license through ELIS account - Apply for **one** license only

| | | | |
|------------------------|------------------|--------------------|-----------------------------|
| requirements: | 60 semester hrs | associate's degree | bachelor's degree or higher |
| license can apply for: | STS, PARA | STS, PARA | SUB, STS, PARA |

To apply for the **SUB** license

[Click on link to login to ELIS https://apps.isbe.net/iwasnet/login.aspx](https://apps.isbe.net/iwasnet/login.aspx)

Click on Apply for a Credential

Choose **Substitute** (SUB)

Follow the wizard

Pay the \$50 application fee online

To apply for the **STS** license

[Click on link to login to ELIS https://apps.isbe.net/iwasnet/login.aspx](https://apps.isbe.net/iwasnet/login.aspx)

Click on Apply for a Credential

Choose **Short-Term Substitute** (STS)

Follow the wizard

There is no fee to apply for the STS license

To apply for the **PARA** license

[Click on link to login to ELIS https://apps.isbe.net/iwasnet/login.aspx](https://apps.isbe.net/iwasnet/login.aspx)

Click on Apply for a Credential

Choose **Paraprofessional/Teacher's Aide** (PARA)

Follow the wizard

Pay the \$100 application fee online

To apply for the **STA-PARA**

[Click on link to login to ELIS https://apps.isbe.net/iwasnet/login.aspx](https://apps.isbe.net/iwasnet/login.aspx)

Click on Apply for a Credential

Choose **Approvals**

Choose **Short-Term Approval Paraprofessional**

Follow the wizard

Pay the \$50 application fee online

After ISBE issues the license it will need to be registered

All licenses are required to be registered in the ROE in which you are employed

_____ Register license through ELIS account

To register **SUB** license

[Click on link to login to ELIS https://apps.isbe.net/iwasnet/login.aspx](https://apps.isbe.net/iwasnet/login.aspx)

Click on Registration in the Action Center

Follow the wizard

Choose **ROE 12** Clay, Crawford, Jasper, Lawrence, Richland

Pay the \$60 registration fee online

To register **STS** license

[Click on link to login to ELIS https://apps.isbe.net/iwasnet/login.aspx](https://apps.isbe.net/iwasnet/login.aspx)

Click on Registration in the Action Center

Follow the wizard

Choose **ROE 12** Clay, Crawford, Jasper, Lawrence, Richland

There is no fee to register the STS license

To register **PARA** license

[Click on link to login to ELIS https://apps.isbe.net/iwasnet/login.aspx](https://apps.isbe.net/iwasnet/login.aspx)

Click on Registration in the Action Center

Follow the wizard

Choose **ROE 12** Clay, Crawford, Jasper, Lawrence, Richland

Pay the \$30 registration fee online

STA-PARA does not require registration

If you have licensure questions, please contact Amy at 618-783-2523 or afrohning@roe12.org



Regional Office of Education #12

Serving the students and educational professionals of Clay, Crawford, Jasper, Lawrence, and Richland Counties, Illinois

ISBE license requirements to work as a Paraprofessional or Substitute Teacher

PARA (paraprofessional)
can only work as a paraprofessional

- requires **one** of the following:
 - associate's degree or higher from a regionally accredited institution
 - or show 60 semester hours of coursework
 - WorkKeys tests and high school diploma
- \$100 application fee - \$30 registration fee
- valid for 5 years and renewable

link to ISBE website with **PARA** license requirements: <https://www.isbe.net/Pages/Educator-License-with-Stipulations.aspx>

STA-PARA (short-term approval - paraprofessional)
can only work as a paraprofessional

- requires a high school diploma (or equivalent), or higher
 - \$50 application fee - NO registration fee
 - valid for 3 years and is non-renewable
 - will need to meet requirements and apply for **PARA** license before **STA-PARA** expires to continue working as a paraprofessional

link to ISBE website with **STA-PARA** license requirements: <https://www.isbe.net/Pages/educator-licensure-approvals.aspx>

SUB (substitute)

can work as a substitute for a certified teacher or as a paraprofessional

- requires a bachelor's degree or higher from a regionally accredited institution
- \$50 application fee - \$60 registration fee
- valid for 5 years and renewable

link to ISBE website with **SUB** and **STS** license requirements: <https://www.isbe.net/Pages/Short-Term-Sub-Teach.aspx>

STS (short-term substitute)

can work as a substitute for a certified teacher or as a paraprofessional

- requires **one** of the following:
 - associate's degree or higher from a regionally accredited institution
 - or show 60 semester hours of coursework
- \$25 application fee – No fee to register license
- **STS** license is valid for 5 years
- Available for application through June 30, 2028
- requires board training – ROE 12 offers substitute training to meet requirement (\$20 fee)
- cannot teach more than 5 consecutive days per licensed teacher unless the state has declared a disaster proclamation then they may serve 15 consecutive days



Regional Office of Education #12

Serving the students and educational professionals of Clay, Crawford, Jasper, Lawrence, and Richland Counties, Illinois

Official Transcript and WorkKeys Information

Official college transcripts are required to be from a regionally accredited institution and have to be sent directly from the institution to this email address: afrohning@roe12.org or to ISBE (longer time to upload)

WorkKeys Test Information

can be found on the ROE 12 website <https://www.roe12.org/> under the licensure tab

- [Using WorkKeys Assessments for Paraprofessional Licensure](#)

ROE 12 Substitute Teacher Authorization Certificate

Substitutes for a Certified Teacher will need to obtain the ROE 12 Substitute Teacher Authorization Certificate

Requirements are:

- Valid ISBE license (one of the following)
 - STS, SUB, PEL, or ELS-PARA issued with a bachelor's degree
- Fingerprint Background Check for ROE 12 – at substitutes cost
- Physical – at substitutes cost
- TB Test – at substitutes cost
- Several other documents need completed as well

Contact an ROE 12 office for the packet or it can be found on the ROE 12 website <https://www.roe12.org/> under the licensure tab

ROE 12 Substitute Teacher Authorization Packet

Once all of the steps are complete, ROE 12 will issue a Substitute Teacher Authorization Certificate and you will need take it to the school districts you are interested in subbing for
ROE 12 does not provide the certificate to the school districts

If you have licensure questions, please contact Amy at 618-783-2523 or afrohning@roe12.org



Regional Office of Education #12

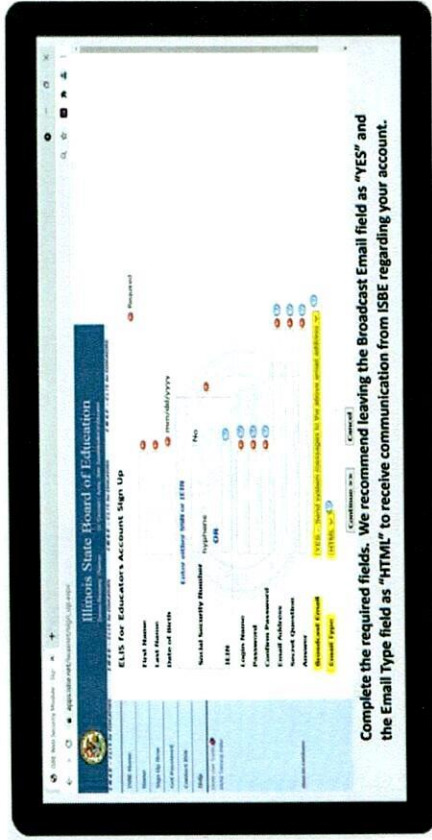
Serving the students and educational professionals of Clay, Crawford, Jasper, Lawrence, and Richland Counties, Illinois

An **ELIS** account with the Illinois State Board of Education (ISBE) must be created in order for official transcripts to be uploaded, to apply for and register licenses

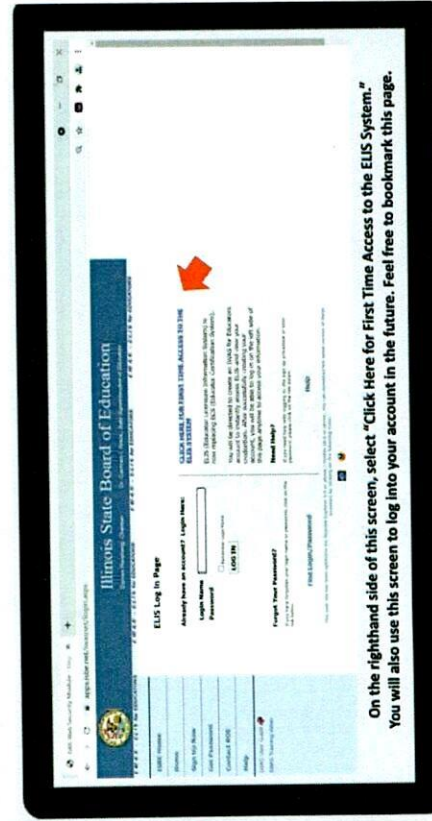
Steps to create an ELIS account with ISBE

[ELIS Login Link](https://apps.isbe.net/iwasnet/login.aspx)

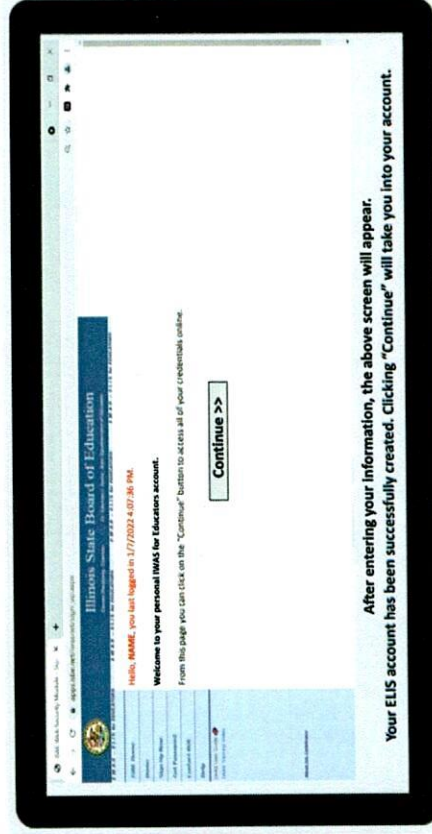
<https://apps.isbe.net/iwasnet/login.aspx>



Step 2



Step 1



Step 3



Regional Office of Education #12

Serving the students and educational professionals of Clay, Crawford, Jasper, Lawrence, and Richland Counties, Illinois

FINGERPRINTING PROCEDURES

Substitutes need to fill out the attached forms.

- Form A is for your records.
- Form B needs to be signed, dated, and returned to the address below.
- Form C needs to be initialed, signed, dated, and returned to the address below.
- Form D needs to be filled out and brought with you to fingerprinting appointment.
- Form E needs to be signed, dated, and returned to the address below.

South Eastern Special Education
Attn: Joyce Reis
500 S Scott Ave
Newton, IL 62448

Or send to jreis@sese.org

After filling out Form D, you will need to schedule an appointment with Bushue Background Screening. Please bring this form with you to your appointment.

You are able to schedule a fingerprint appointment by reaching them at [217-342-3042](tel:217-342-3042). As an alternative to calling them, you may also book an appointment online by visiting their website at <http://www.bushuebackgroundscreening.com>. Click on the "Fingerprinting" tab and choose "Schedule an Appointment".

You have the ability to schedule an appointment online at any of their locations. The Effingham location is available for walk-ins Monday through Friday from 8:00 a.m.-5:00 p.m.

The online scheduling system will also generate convenient email and text message notifications to the applicant as a reminder. These messages will provide the date, time, and address. The reminder message will be sent 24 hours before the scheduled appointment time.

When scheduling appointments, the following information is required: First Name, Last Name, Phone Number and e-mail address, reason for fingerprinting, name of employer or associated agency.

Form A

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p> | <p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p> |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p> |
| <p>3. Air carriers</p> | <p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p> |
| <p>4. Creditors Subject to the Surface Transportation Board</p> | <p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p> |
| <p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p> | <p>Nearest Packers and Stockyards Division Regional Office</p> |
| <p>6. Small Business Investment Companies</p> | <p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p> |
| <p>7. Brokers and Dealers</p> | <p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p> |
| <p>8. Institutions that are members of the Farm Credit System</p> | <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p> | <p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p> |



South Eastern Special Education

DISCLOSURE FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

South Eastern Special Education (“end-user”) has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you, the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: _____ Date: _____



South Eastern Special Education

AUTHORIZATION FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by **South Eastern Special Education** (“end-user”) and its consumer reporting agency Bushue Background Screening (“Agency”). In my connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for the End-User to procure such reports at any time during, as permitted by law, my employment (or other affiliation) with the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, my driving record, judgments, bankruptcy proceedings, evictions, other public records, criminal history records, fingerprint records, etc.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

I authorize the End-User and the Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Bushue Background Screening at (217) 342-3042 or info@bushuebackgroundscreening.com.

Signature: _____ Date: _____



APPLICANT INFORMATION

Please Print Legibly

| | | | |
|------------------------------------|---------------|----------------|--------------|
| Applicant's Full Legal Name | First: | Middle: | Last: |
|------------------------------------|---------------|----------------|--------------|

Address (street, city, state, zip):

| | |
|----------------------|-----------------------|
| Phone Number: | Email Address: |
|----------------------|-----------------------|

| | |
|------------------------------------|----------------|
| Date of Birth (MM/DD/YYYY): | Gender: |
|------------------------------------|----------------|

| | | | |
|-----------------------------|----------------|-----------------------------------|----------------------------------|
| Race (indicate one): | Height: | Hair Color (indicate one): | Eye Color (indicate one): |
| | Weight: | | |

| | | |
|-------------------------------------|--------------------------------|--|
| What State You Were Born In? | Social Security Number: | Driver's License Number & State Issued: |
|-------------------------------------|--------------------------------|--|

| | |
|---|--|
| Position: (reason for fingerprinting) | <input type="checkbox"/> Bus Driver <input type="checkbox"/> Bus Monitor <input type="checkbox"/> Coach <input type="checkbox"/> Contractor <input type="checkbox"/> Custodian <input type="checkbox"/> Volunteer <input type="checkbox"/> Food Service <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Student Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher Other: _____ |
|---|--|

APPLICANT SIGNATURE AND DATE

| | |
|---|--------------|
| Applicant Signature (if the person listed at the top of this form is under the age of 18, their parent or guardian should sign and date these sections.) | Date: |
|---|--------------|

PLEASE TAKE A COPY OF THIS FORM TO YOUR FINGERPRINT APPOINTMENT

Office Use Only: Bushue Background Screening

| | |
|---------------------------|--------------------|
| Proof of Identity: | ORI Number: |
|---------------------------|--------------------|

| | | | |
|--------------------|------------------------|-------------|----------------------|
| Technician: | Tech License #: | TCN: | Purpose Code: |
|--------------------|------------------------|-------------|----------------------|

| | | | |
|-----------------------------|--------------|------------------|------------------------|
| Date of Fingerprint: | Time: | Location: | Payment Amount: |
|-----------------------------|--------------|------------------|------------------------|



South Eastern Special Education

Privacy Act Statement

READ CAREFULLY BEFORE SIGNING

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.

Signature: _____ Date: _____