

**ILLINOIS STATE POLICE**

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

**SCHOOL INQUIRY FORM FOR  
CRIMINAL HISTORY BACKGROUND INFORMATION**

ORI: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

Student \_\_\_\_\_

Grade \_\_\_\_\_

**APPLICANT INFORMATION**

Volunteer Name: \_\_\_\_\_  
(Please Print) Last Name First Name Middle Initial

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

Building Location: Fulton School