DEKALB COUNTY
REGIONAL OFFICE OF EDUCATION

BECOME A SUBSTITUTE TEACHER IN DEKALB COUNTY

You may enroll as a SUBSTITUTE TEACHER in DeKalb County if you hold:

- a valid Illinois Professional Educator License (PEL) ***or***
- any valid Illinois educator license that was issued based on a Bachelor's Degree in any area

To be valid for substitute teaching in DeKalb County, an Illinois educator license must be registered in DeKalb Region 16.

If you ***already hold*** an Illinois Educator License backed by a Bachelor's Degree please follow this enrollment procedure:

Enroll as a Substitute Teacher in DeKalb County

1. Complete the forms in the *DeKalb County Substitute Teacher Packet* (available at the ROE or online at www.dekalbcounty.org/ROE), including the Physician's Statement of Good Health and results of a TB Test.
2. Make an appointment at the DeKalb ROE for a fingerprint-based criminal background check ($58.00 cash, check, Visa, MasterCard, or Discover).
3. While at the ROE, read the booklet and complete the brief quiz on *Bloodborne Pathogens*.

If you ***do not hold*** an Illinois Educator License that was issued on a Bachelor's Degree please follow this procedure:

Set Up an ELIS (Educator Licensure Information System) Account

If you already have an ELIS account proceed to the next section. ***Do not*** set up a duplicate ELIS account.

1. Go to the Illinois State Board of Education website at www.isbe.net.
2. Click *Login to ELIS*. Located under the blue bar on the upper left side.
3. Select *Login to Your ELIS Account* from the *Educator Access* box.
4. Select *Sign Up Now* from the menu on the left.
    a. If you have an ELIS account, but never signed in (you do not have a Login Name or Password), select *Click Here for First Time Access to the ELIS System*.
5. Enter the information requested. All red arrows indicate required information. Record your Login Name and Password in a safe place for future reference and login purposes.
6. You will be congratulated on creating your new account.
7. Click *Continue*. This will launch ELIS and take you to your personalized home page.
8. You must enter your contact information before you can apply for a license.

Apply for a Substitute Teaching License (SUB)

1. Go to the Illinois State Board of Education website at www.isbe.net. Select *Login to ELIS*, under the *educator access* box select *login to ELIS* again.
2. Enter your Login Name and Password to sign into your ELIS account, then *continue* to be taken to your Home Page.
3. Click on *Apply for a Credential* from your Home Page.
4. Select *Substitute License (SUB)*
5. Follow the Application Wizard, including payment of the $50.00 application fee and small processing fee. Fees can only be paid online using a credit card.
6. Provide to the ROE an official transcript that has your degree posted on it. The transcript must be in a sealed envelope from the college or university ***or*** sent electronically from the university to the ROE.

Register Your License

1. Once your license is issued you must register the license to make it valid for employment.
2. Login to your ELIS account as described above.
3. In the *Action Center* on your home page, select *Registrations*. You may also see a 1* and a yellow triangle next to *Registrations*. Follow the screens, entering the information requested.
4. Select the region(s) in which to register your license. DeKalb County is Region 16. You may register your license in more than one region, but it must be registered in the region(s) in which you work.
5. Pay your $60.00 registration fee (good for the remainder of the first fiscal year of licensure plus five additional fiscal years) and a small processing fee. Fees can only be paid online using a valid credit card.
6. You will receive confirmation that your license has been registered successfully. Click *Finish*.

You will also need to ***Enroll as a Substitute Teacher in DeKalb County*** as described above.

If you have additional questions, please contact the Educator Licensure Specialist at the DeKalb County Regional Office of Education. 815-217-0460.

REIMBURSEMENT FOR SUBSTITUTE LICENSE FEE

If a SUB License was issued after July 1, 2017 ***AND*** the educator has worked more than ten (10) full school days within a year of receiving that license, a request for a refund of the license fee may be submitted to the Illinois State Board of Education.

Please contact ***the school district(s)*** in which you completed the ten full days to begin the refund process.

DON'T HAVE A BACHELOR'S DEGREE?

If you have at last 60 semester hours of college coursework or an Associate's Degree, you may still be able to substitute teach under the new ***Short-Term Substitute Teaching License.***

Please contact the Educator Licensure Specialist at the DeKalb County Regional Office of Education for more information.

DeKalb County Substitute Teacher

Last Name	First Name	Middle Name

Address	City	State	Zip Code

Phone Number	Social Security #	Date of Birth (mm/dd/yyyy)

Email Address	IEIN #

IN WHICH SCHOOL DISTRICTS WOULD YOU LIKE TO SUBSTITUTE?
(Your name and contact information will be sent to the districts that are checked)

☐ Genoa-Kingston #424	☐ Hinckley-Big Rock #429	☐ St Mary (DeKalb)
☐ Indian Creek #425	☐ Sandwich #430	☐ St Mary (Sycamore)
☐ Hiawatha #426	☐ Somonauk # 432	
☐ Sycamore #427	☐ KEC	
☐ DeKalb #428	☐ IVVC	

ARE YOU A RETIRED TEACHER? O **NO** O **YES**

Substitute will be paid by the individual school districts

ALL SUBS MUST:

- ✓ Have a negative TB result and a physician's statement of good health obtained within the past 90 days.
- ✓ Provide all **OFFICIAL** college or university transcripts in a sealed envelope or sent electronically directly from the college or university.
- ✓ Hold an Illinois Educator License, backed by a Bachelor's degree, which must be registered in **Region 16** for the current academic year.
- ✓ Complete the following forms: State of Illinois and FBI Criminal Background check, I-9 employment verification (by presenting appropriate documentation), read/sign the Check of Sex Offender and Violent Offender/Child Murderer Database form, and the TRS enrollment and beneficiaries form.
- ✓ Complete the online DCFS Mandated Reporter Training. Present certificate of completion and signed acknowledgement form.
- ✓ Read the booklet and pass a quiz on "Bloodborne Pathogens For School Staff."
- ✓ Contact the Regional Office of Education before the beginning of **each school year** to be enrolled and included on the Substitute Calling List.

NOTES: (Is there anything special you would like the districts to know?)

Office Checklist (for office use only)

_____Transcripts or ELIS Images	_____Bloodborne Pathogens Quiz
_____I-9 Eligibility Verification	_____ Physicians Statement
_____DCFS Mandated Reporter Form	_____TB Clearance
_____DCFS Mandated Reporter Certificate	
_____Check of Sex Offender & Violent Offender Child Murderer Databases Form	

____/____/____ Date Background Check Submitted
____/____/____ Date of ISP Fingerprint Report
____/____/____ Date of FBI Fingerprint Report
____/____/____ Date of ISP Sex Offender & Child Murdered/Violent Offender Verification

License expires June 30, 20_____Type of License _____ Registered in Region 16 _____

ELIS _____ ROE Database_____ Scan _____Date Sent_____

DEKALB COUNTY
REGIONAL OFFICE OF EDUCATION

DeKalb County 2025-2026 Substitute Teacher Salary

*Updated as of 02/10/26; Subject to change.

Genoa-Kingston #424	$120.00 daily or $130.00 daily after 10 total or $200 daily after 20 consecutive days in same assignment.
Indian Creek #425	$145.00 daily or $245.90 after 20 consecutive days in same assignment
Hiawatha #426	$115.00 daily or $150.00 after 10 accumulated sub days in the district
Sycamore #427	$125.00 daily or $175 after 10 consecutive days in same assignment. Those who hold a PEL license with correct endorsement are $220 daily after 10 consecutive days in the same assignment.
DeKalb #428	$130.00 daily or $155 daily after 15 consecutive days for the same educator. $65.00 daily for ½ day. $250 daily for retired teachers (holding a PEL) after 15 consecutive days for the same educator.
Hinckley-Big Rock #429	$136 daily or 233.14 daily after 15 consecutive days for a long-term substitute position.
Sandwich #430	$130.00 daily or $150 daily after 10 non-consecutive days or $220 daily after 25 consecutive days.
Somonauk #432	$125.00 daily or $160 per day after 5 days
I.V.V.C.	$130.00 daily / $65.00 half day
St. Mary - Sycamore	$112.00 daily
St. Mary – DeKalb	$105.00 daily
KEC	$110.00 daily for Phoenix Academy or $120.00 after 10 consecutive days in same assignment; $50.00 per session for CTE (Hours are 8:30am-2:15pm)

DeKalb County 2024-2025 Substitute Para Pro/Aide Salary

Genoa-Kingston #424	$15.00 hourly/$16.00 hourly extra duty
Indian Creek #425	$18.00 hourly
Hiawatha #426	$100.00 daily
Sycamore #427	$105.00 daily
DeKalb #428	$112.50 daily / $56.25 for ½ day
Hinckley-Big Rock #429	$136.00 daily
Sandwich #430	$15.00 hourly
Somonauk #432	$115.00 daily
IVVC	$12.00 - $16.00 hourly
St. Mary (DeKalb)	$15.00 - $17.00 hourly

Amanda Christensen, DeKalb County Regional Superintendent
2500 N. Annie Glidden Rd., DeKalb IL 60115 (815) 217-0460 www.dekalbcounty.org/ROE

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any) _____

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
DeKalb County ROE	**2500 N Annie Glidden Rd, Suite C, DeKalb, IL 60115**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A **Documents that Establish Both Identity and Employment Authorization**	OR	LIST B **Documents that Establish Identity**	AND	LIST C **Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

DEKALB COUNTY
REGIONAL OFFICE OF EDUCATION

PLEASE COMPLETE THE FOLLOWING REQUIRED TRAINING FOR SUBSTITUTE TEACHERS IN ROE 16

In order to substitute teach in DeKalb County you must complete the required online Department of Children and Family Services (DCFS) Mandated Reporter Training and submit the certificate of completion along with this form to the DeKalb ROE.

The purpose of this online course is to help all Illinois Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse.

The Training Includes:

- A pre-training assessment (13 multiple-choice questions)
- 60-90 minutes of self-paced interactive training
- A post-training assessment (13 multiple-choice questions)
- A Certificate of Completion

Please use the following web address to access the required training;

https://mandatedreporter.dcfs.illinois.gov/en/index-man

_____
Print Name

_____
Signature/Date

_____
Employee Authorized Signature/Date

Amanda Christensen, DeKalb County Regional Superintendent
2500 N. Annie Glidden Rd., DeKalb IL 60115 (815) 217-0460 www.dekalbcounty.org/ROE

Illinois Department of
DCFS
Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)
Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

_____
Signature of Applicant/Employee

_____
Date

CANTS 22
Rev. 5/2019

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

DEKALB COUNTY
REGIONAL OFFICE OF EDUCATION

Check of Sex Offender Database and Violent Offender/Child Murderer Database

The Illinois School Code requires the Regional Office of Education to check the Statewide Sex Offender Database and the Child Murderer/Violent Offender Database for all employees of school districts.

(105 ILCS 5/10-21.9 (a-5), effective July 14, 2005; *amendment effective August 23, 2019*)
*The school district or regional superintendent shall further perform a check of the Statewide Sex Offender Database, as authorized by the Sex Offender and Child Murderer Community Notification Law, for each applicant. *The check of the Statewide Sex Offender Database must be conducted by the school district or regional superintendent once for every five years that an applicant remains employed by the school district.**

(105 ILCS 5/10-21.9 (d), effective July 14, 2005)
No school board shall knowingly employ a person for whom a criminal history records check and Statewide Sex Offender Database check has not been initiated.

(105 ILCS 5/10-21.9 (a-6), effective June 12, 2007; *amendment effective August 23, 2019*)
*The school district or Regional Superintendent shall further perform a check of the Statewide Child Murderer and Violent Offender Against Youth Database, as authorized by the Child Murderer and Violent Offender Against Youth Community Notification Law, for each applicant. *The check of the Statewide Child Murderer and Violent Offender Against Youth Database must be conducted by the school district or regional superintendent once for every five years that an applicant remains employed by the school district.**

I understand that the Regional Office of Education will check the Sex Offender Database (www.isp.illinois.gov/Sor/) and the Child Murderer/Violent Offender Database (www.isp.illinois.gov/MVOAY/) as part of my enrollment for substitute teaching.

I further understand that the Regional Office of Education will check the Sex Offender Database (www.isp.illinois.gov/Sor/) and the Child Murderer/Violent Offender Database (www.isp.illinois.gov/MVOAY/) every five years or as otherwise required by law.

Printed Name: _____

Signature: _____ Date: _____

Other Possible Names: _____

For Regional Office of Education use only:

_____ **The Sex Offender Database was checked.** (www.isp.illinois.gov/Sor/)
_____ **Child Murderer/Violent Offender Database was checked.** (www.isp.illinois.gov/MVOAY/)

Name of person conducting these checks _____ Date: _____

Name of person conducting these checks _____ Date: _____

Name of person conducting these checks _____ Date: _____

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DEKALB COUNTY
REGIONAL OFFICE OF EDUCATION

PHYSICIAN'S STATEMENT OF GOOD HEALTH

The Illinois School Code requires that new employees show evidence of physical fitness to perform duties assigned to them. Any cost shall rest with the employee. **PLEASE RETURN COMPLETED FORM TO THE ROE.**

I hereby certify that _____ meets the above requirement of physical fitness.

_____ _____
Date Signature

_____ _____
Address City Zip

TUBERCULIN SKIN TEST

I hereby certify that _____ is free of tuberculosis. This is based on a TUBERCULIN SKIN TEST given on _____ indicating _____ mm.

_____ _____
Date Signature

_____ _____
Address City Zip

(105 ILCS 5/24-5, b-5) School boards may require of new substitute teacher employees evidence of physical fitness to perform duties assigned and shall require of new substitute teacher employees evidence of freedom from communicable disease. Evidence may consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the substitute teacher employee. A new or existing substitute teacher employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official. The board may from time to time require an examination of any substitute teacher employee by a physician licensed in Illinois to practice medicine and surgery in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant and shall pay the expenses thereof from school funds.

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DeKalb County Regional Office of Education

Amanda Christensen, Regional Superintendent

2500 N. Annie Glidden Road, Suite C DeKalb, IL 60115 815-217-0460 (Phone) 815-217-0467 (fax)

Receipt and Authorization for Release of Criminal History Record Check

Fingerprints by appointment **ONLY, please call us to schedule at (815) 217-0460.

Please fill out your personal information and **sign/date on the line below.

LAST NAME:		FIRST NAME:	MI:
SOCIAL SECURITY#:		DATE OF BIRTH(MM/DD/YY):	
SEX:	RACE:	PLACE OF BIRTH(State or Country):	
	(Selection Options: Asian; American Indian/Alaskan; Black; White (note: Select White for Hispanic); Unknown)		
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
HOME ADDRESS:			
CITY:		STATE:	ZIP CODE:

SUBSTITUTE

APPLICANT AUTHORIZATION

I, the undersigned, 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 that images of my fingerprints will be captured and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. 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:**_____

*** **SCHOOL DISTRICT VOLUNTEERS**:_____	ILLINOIS STATE POLICE AND FBI($58) ___
*** **SCHOOL DISTRICT STUDENT TEACHERS/CLINICALS:**_____	ILLINOIS STATE POLICE AND FBI($58) ___

TO BE COMPLETED BY LIVESCAN TECHNICIAN:

APPLICANT JOB CATEGORY:	
DATE:	TIME:
ISP TCN TRACKING #: LS10476L6939	REFERENCE #: 017
PROOF OF IDENTIFICATION: Minor with Student ID- Must have Guardian Present Driver's License ___ State ID___ Military ID ___ Foid Card ___ Student ID ___ Other: _____	
METHOD OF PAYMENT: Cash ___ Check___ Credit Card___ KEC(Invoice)___ N/A___	
FEE AMOUNT: $_____	COLLECTED___ BILLED____
TECHNICIAN NAME:	

NOTICE: This form (or a copy) must be retained for two years from date of fingerprint. After such time this form (or copy), will be destroyed or erased. Fingerprint submission are for a single submission and cannot be used for another purpose. We will not be able to investigate any fingerprint scans sent from our location past 90 days, that time may be shorter depending on the requesting agency. The fingerprint results of this check are sent to the agency/facility requesting your background check. Fingerprint results are not sent to the individual or this office. Under certain law you may be entitled to a copy of the background check that was requested, for more information about this please contact the requesting agency. If there is a discrepancy about the information on your background check, please contact the Illinois State Police.

PLEASE SEE REVERSE SIDE

Disclaimer:
Fingerprint image quality is determined by three key factors: age, physiology, and the type of work that the applicant has done with their hands. There are circumstances beyond our control that cause fingerprints to be unreadable and, thus, rejected by either the IL State Police or FBI. The IL State Police recognizes this situation and has established follow-up procedures to address this problem.

If your fingerprints are rejected, a notification of the rejection from the State Police will be sent to the school. The Secretary of State receives both the IL State Police and FBI notification. They will notify you. You must have your fingerprints taken a second time. Please contact the location where your fingerprints were originally taken to arrange a time to retake your fingerprints. You will be required to provide the unique 16-digit Transaction Control Number (TCN) or the FBI ICN in order to receive the $10.00 resubmission fee. Failure to bring this number will cause resubmission at full price. If fingerprints are rejected a second time, both rejection notifications (TCNs) may be used to request a name-based criminal background check from either the State Police or FBI.

Should you have any questions regarding your fingerprint submission, please contact FIRM at 866-721-1203 or verifyadmin@hso.net.

Privacy Act Statement

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 Name (printed):	
Applicant Name (signature):	Date: