

Holy Angels Parish School

The Catholic Education Office of the Diocese of Rockford requires a Conviction Information Request form (Form IL493-0691—Illinois State Police Bureau of Identification) be kept on file, "...by the Parish/School for all employees and volunteers involved in Catholic schools, religious education and youth ministry programs."

"We are in no way accusing anyone of misdeeds but are requiring this form as a safeguard for everyone involved in the schools/religious education and youth ministry programs."

In order for our office to comply with this Diocesan directive, you are asked to complete the bottom section, sign it and return it to the school office as soon as possible. You will be given a copy of your report when it is received from the Illinois State Police. All provided information would be kept confidential and only used for a Conviction Information Request of the Illinois State Police.

Please **PRINT**

Last Name First Name Middle Name

Maiden Name Date of Birth Sex

W B A I Race (circle one)
W = white (incl. Mexicans & Latins)
B = Black
A = Asian/Pacific Islands
I = Indian/Alaskan Native

Driver's License State & Number Social Security Number

As an employee/volunteer of Holy Angels Parish School, I hereby authorize the school to submit a Conviction Information Request of the Illinois State Police in my name with the understanding that I will receive a copy of the subsequent report furnished by the State Police.

Signature Date