

**REGIONAL OFFICE of EDUCATION**

*Monroe & Randolph Counties*

Monroe County Office  
107 East Mill Street  
Waterloo, IL 62298  
Tel: (618) 939-5650  
Fax: (618) 939-5332

Randolph County Courthouse  
#1 Taylor Street, Rm. 101  
Chester, IL 62233  
Tel: (618) 826-5471  
Fax: (618) 826-5474



**KELTON DAVIS**  
*Regional Superintendent  
of Schools*

**CHRIS DIDDLEBOCK**  
*Assistant Superintendent  
of Schools*

**UCIA Fingerprinting**

Cost: \$25.00. Payable by cash or Money Order to ROE#45.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_

**Requestor's Information**

Requestor's Name \_\_\_\_\_ Agency Name (If applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Daytime Phone Number \_\_\_\_\_

**Applicant Verification and 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 authorize the Monroe-Randolph Regional Office of Education to capture and securely transmit my fingerprints to the Illinois State Police and/or Federal Bureau of Investigations for the purpose of checking my criminal history record information. I further understand that my fingerprints may be retained by the Illinois State Police and/or Federal Bureau of Investigation pursuant to applicable statute. If your fingerprints are AFIS unacceptable and reprinting is necessary to receive results, the customer is required to pay the reprint fee.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>ROE Use Only</b>		
Transaction Control Number (TCN) _____		
Technician Signature _____	Date _____	Time _____