

Cost Center
ILLINOIS STATE POLICE
 Division of Forensic Services and Identification
 Bureau of Identification
 260 North Chicago Street
 Joliet, Illinois 60432-4075

Conviction Information Request

Instructions: This form must be filled out completely. Failure to comply with these instructions will result in the return of this request thereby delaying the processing of your application.

This request is for employment or licensing purposes. Yes No

Subject Information

Subject Name: _____

Last Name
First Name
Middle Initial
Maiden Name

Date of Birth: ____/____/____ Sex: _____ Race: _____

month day year

Social Security Number: _____

	<u>Valid Codes for Sex</u>	<u>Valid Codes for Race</u>
_____	Male M	White W
	Female F	Black B
	Unknown U	Asian/Pacific Islands A
		American Indian/Alaskan I
		Unknown U

Subject Signature _____

Requester Information

Requester Name: **Illinois Department of Financial and Professional Regulation**

Last Name
First Name
Middle Initial

Agency: **Factual Data Corporation / EMPfacts**

(if any)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Requester Signature _____

For immediate processing, please fax completed form to:
 Factual Data/EMP facts department at 847-310-1779 or, outside of Chicago area, 800-488-6408.