



### Fingerprinting Background Investigation Authorization & Release Form

This form gives the Chicago Public Schools (CPS) authorization to conduct an ISP, FBI, and Local criminal background investigation. All candidates must have a valid, unexpired government issued or school issued photo ID at the time of fingerprinting.

#### Authorizing Manager or Supervisor Information

First and Last Name Lauren Clair-McClellan

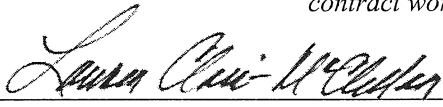
Title or Position Chief Talent Officer

School, Department or Company Chicago Public Schools

Address 42 W Madison St, Chicago, IL 60602

Contact Number 773-553-4748 Email studentteach@cps.edu

*I, the undersigned, authorize the candidate below to have them fingerprinted and background checked for employment, contract work, or volunteer for CPS.*

Signature:  Date: 09/23/2021

#### Select one (1) of the following options.

**ILL14490S**  Field Experience  Student Teaching  Clinical  Counseling Intern  Alternative Certification

#### Applicant Information

Position Title \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Email: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_  
MM/DD/YY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Ft. In.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City State

**Race Key:**  
 C = Caucasian H= Hispanic B = Black/  
 African American  
 A = Asian/Pacific Islander  
 I = Native American/Alaskan  
 U = Unknown



**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

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

Date of Birth:  --  --  Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

_____	_____	
Signed	Date	

**Please type, use bold letters or label:**

773-553-3020 (Submitting Agency Fax Number)

dcfscpschecks@cps.edu (Submitting Email Address)

Chicago Public Schools (Agency Name)

Kimyatta Dabney (Contact Person)

Office of School Safety & Security, 42 W Madison St (Address)

Chicago, Illinois, 60602 (City/State/Zip)



If you currently reside in Illinois, please list all previous addresses for the past five years OR if you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois. **Check box if no other addresses.**

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

List maiden name and/or all other names by which you have been known (Last, First, Middle). **Check  if not applicable.**

(1) _____	(2) _____
(3) _____	(4) _____

**REQUIRED CRIMINAL AND CHILD ABUSE RECORDS DISCLOSURE:** The existence of a criminal or child abuse record does not automatically disqualify you for employment consideration, unless it is a conviction or adjudication for an enumerated offense. (Please see the back of this form for a listing of enumerated offenses.) However, it is important that the Board know your complete criminal and child abuse history to properly evaluate your application. You must disclose it in full. Failure to disclose each conviction and child abuse adjudication may result in disqualification of your application or termination of employment.

Convictions include *all* felony or misdemeanor convictions, whether by pleas of guilty, *nolo contendere* or no contest or after bench or jury trial. Convictions that result in sentences of probation, conditional discharge or imprisonment must be reported. Convictions of driving while intoxicated or under the influence (DUI), and driving on a revoked or suspended license must be reported. But, convictions that resulted in sentences of supervision in Illinois or traffic offences other than DUI or driving on a revoked or suspended license should not be reported (i.e. speeding tickets, running a red light or stop sign, driving without insurance, etc.). Finally, you are not obligated to disclose sealed or expunged records of conviction or arrest.

Have you ever been convicted of any type of crime?    Yes    No

Have you ever been adjudicated the perpetrator of physical or sexual abuse in a juvenile court proceeding?  
 Yes    No

If yes, describe each conviction and adjudication below (attach separate sheets if necessary):

Date	State	Conviction/Adjudication of Child Physical or Sexual Abuse

I, the undersigned,

1. Acknowledge and verify that all information provided above is true and accurate and that I am the person named above.
2. Supply this information to authorize and enable the CPS to perform a background investigation, which may include, but not limited to, a Criminal Conviction Information check and fingerprinting.
3. Understand and agree that the information obtained through the background investigation will be used to determine whether employment by the CPS will be offered or continued or whether volunteer or compensated service will be approved.
4. Authorize the Illinois Department of Children and Family Services to conduct a search of the State Automated Child Welfare Information System (SACWIS) to determine whether I have been “indicated” as a perpetrator of



child abuse and/or neglect or am the subject of a pending investigation. I further consent to the release of this information to the agency listed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FINGERPRINTING PROVIDER USE ONLY	
<p style="text-align: center;"><b><u>Fingerprinting Information</u></b></p> <p>Date Printed: _____</p> <p>Verified By: _____</p> <p>TCN # _____</p>	<p style="text-align: center;"><b><u>Internal CPS Use Only</u></b></p> <p>Dates Results Returned: _____</p> <p>Fingerprints Clear:      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>NSOD Clear:                <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>IL MVOAY Clear:         <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>IL SOR Clear:             <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Verified By: _____</p>
DCFS USE ONLY	
<p style="text-align: center;"><b><u>Submitting Agency Information</u></b></p> <p>Agency Telephone Number: 773-553-6503</p> <p>Agency Email Address: <a href="mailto:Backgroundcheck@cps.edu">Backgroundcheck@cps.edu</a></p> <p>Agency Name: Chicago Public Schools</p> <p>Address: 42 W. Madison, Garden Chicago, Illinois 60602</p>	<p style="text-align: center;"><b><u>DCFS</u></b></p> <p>SACWIS Clear              <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>



## 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 non-governmental 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.

## Applicant Consent

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:

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**