Community Unit School District 303
Human Resources

CONSENT FOR FINGERPRINTING

This is a required HR document

I hereby authorize Community Unit School District 303 to conduct a fingerprint-based criminal history background check as part of the process for employment, student teaching or volunteering at our school district. I understand that Community Unit School District 303 will use the Kane County Regional Office of Education to secure my fingerprints and that my fingerprints will be checked against the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) records.

I further understand that my employment, student teaching or volunteering is contingent on an acceptable criminal background check.

_____

First Name (Please Print) MI Last Name

_____

Signature

_____

Date

rev. 9/2017