

**REGIONAL OFFICE OF EDUCATION**

**Henderson, Mercer & Warren Counties**

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**Criminal History Records Check Release**

**Applicant should complete section 1 or 2 below:**

1. I have initiated a fingerprint-based Criminal History Records Check with the Henderson/Mercer/Warren Counties Regional Office of Education.

I give permission for the results of my fingerprint-based Criminal History Records Check to be shared with Henderson/Mercer/Warren Counties School Districts and with other Regional Office of Education in the State of Illinois.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

2. I affirm that I have initiated a fingerprint-based Criminal History Records Check with:

\_\_\_\_\_  
(Name of school district, office or agency)

I will have the results of that check sent to the Henderson/Mercer/Warren Counties Regional Office of Education.

I give permission for the results of my fingerprint-based Criminal History Records Check to be shared with Henderson/Mercer/Warren Counties School Districts and with other Regional Offices of Education in the State of Illinois.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

For Henderson/Mercer/Warren Counties Regional Office of Education use only:

\_\_\_\_\_  
ROE 27 Signature

\_\_\_\_\_  
Date