



Emergency Medical Services (EMS) Authorization for Release of Information

Authorization for Release of Information

Name (Please Print)

Street Address

City, State, ZIP

I, _____, do hereby authorize the Illinois Department of Public Health, Division of EMS and Highway Safety, to request and obtain a criminal history report from the Illinois State Police or other law enforcement agency (required under Illinois Administrative Code Section 515.620).

I understand that there is an additional fee for the processing of the report and am I including the payment with this authorization.

Signature of Applicant

State of Illinois }
 } SS
County of _____ }

BEFORE ME, the undersigned authority, on this day personally appeared before _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged the execution of the same.

Subscribed and sworn to before me on
this _____ day of _____, 20____.

Notary Public

Return this authorization and applicable fee to:

Illinois Department of Public Health
Division of EMS and Highway Safety
422 South Fifth Street, Third Floor
Attention: Personal History Review
Springfield, Illinois 62701

