

**RELEASE OF CRIMINAL INFORMATION**

**STATEMENT OF CONSENT FORM**

***ADDITIONAL COPIES MAY BE MADE OF THIS FORM***

I, \_\_\_\_\_, do hereby voluntarily consent for the East Peoria Police Department to do a background check for any criminal history on me.

They are authorized to release that information to the Mayor and/or City Clerk, City of East Peoria, for the purpose of Secondhand Dealer Licensing.

I further agree that the final results of this check may be known and available to the proper person, or persons, requesting the examination.

I further do hereby release and forever hold harmless the East Peoria Police Department, the City of East Peoria, their Agents and/or employees and affiliates.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for Release of Information

Print Full Name \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License No. : \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Sex: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you ever been convicted of a criminal offense under this name or any other name? \_\_\_\_\_

If so, furnish details: Date \_\_\_\_\_ Offense \_\_\_\_\_

Location \_\_\_\_\_

Request made in connection with application for \_\_\_\_\_  
(Name of Business)

Date checked: \_\_\_\_\_ Officer: \_\_\_\_\_ Results: \_\_\_\_\_