SPOON RIVER COLLEGE
Canton Campus
Department of Nursing
23235 N. County 22
Canton, IL 61520
(309) 649-6227
Fax: (309) 649-6393

TO: Accepted Nursing Students into the SRC Nursing Program
FROM: Tamatha Schleich
RE: Criminal Background Check Requirement for SRC Nursing Program-Clinical Participation

Dear Prospective Nursing Student,

In order for you to participate in the required clinical of the SRC Nursing program, you must have a cleared Illinois State Criminal Background Check. In order to meet the requirements, upon acceptance of the nursing program, please complete and return the attached form (Authorization for Release of Criminal History Record Check) along with a check or money order of $16.00, made payable to Spoon River College.

If you have any questions please feel free to contact the department's office assistant, Teresa Welch, at 309-649-6227 or at teresa.welch@src.edu.

Thank you.

Sincerely,

Tamatha Schleich
Director of Nursing

enclosure

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK

Spoon River College

Department of Nursing
23235 N. Co. 22
Canton, IL 61520
309-649-6227
309-649-6393 (fax)

TO BE COMPLETED BY STUDENT
Please PRINT legibly or type

NAME _____ _____ _____
Last Name First Name M.I.

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____/_____/_____
Month Day Year

PLACE of BIRTH _____ (State or Country)

Sex _____ Race _____ (**Note**: select white for Hispanic)
Race selection options (Asian; American Indian/Alaskan; Black; White; Unknown)

Eye Color _____ Hair Color_____ Height_____ Weight _____

HOME ADDRESS:_____
Street Address

_____
City State Zip Code
Phone: _____

APPLICANT JOB CATEGORY __**Nurse Licensure** _____ ORI ___**IL920630Z**___

Choose One: RN_____ LPN _____

Applicant Authorization

Without reservation, I authorize this organization to procure my criminal history record and/or to obtain or furnish information concerning my criminal history record check or other history.

Payment: _____ Cash _____Check

Authorizing Signature: _____ DATE_____