



1844 Sir Tyler Drive
Wilmington, NC 28405
phone: 888.723.4263
fax: 910.343.9731

Note: To avoid cancellation, this form must be returned within five business days.

To: Operations
Attention: Order Processing
Fax: 910.343.9731
Email: expedite@castlebranch.com

From:
Re: Illinois State Police Release Form
Pages: 2
Date:

Name of Applicant: _____

Order Number: _____

Instructions for Completing This Release

You must complete this form in its entirety and exactly as specified. Failure to meet all the requirements as indicated will result in a rejection of your release and a delay in your search.

1. Print out the release on page 2 of this PDF and complete all required fields.
2. Under "Printed Name" provide your full name (First Middle Last).
3. Sign and date where indicated. *(Must be a physical signature, electronic/typed signatures are not acceptable.)*
4. Under "Order Number" provide your CastleBranch order number from your confirmation page.
5. Under "Date of Birth" provide your full date of birth (MM/DD/YYYY).
6. Under "Company Name" provide the name of your school or employer that you are conducting the background check for.
7. Send the completed form to CastleBranch to process your request.
 - a. Email to: expedite@castlebranch.com or Fax to: 910-343-9731.

Illinois State Police Search
Criminal Record Information Release

I hereby authorize Castle Branch to obtain and subsequently disseminate, and the Illinois Department of State Police to provide and release, conviction information and criminal history record information about me, including, without limitation, for purposes of employment or licensing.

*Signature: _____

*Printed Name: _____

*Date: _____

*Order number: _____

*Date of birth: _____

*Company Name: _____

*Indicates a required field.