



# Emergency Medical Services (EMS) Authorization for Release of Information

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## 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

