

Knox County Housing Authority

216 W. Simmons Street Galesburg, IL 61401
Telephone 309-342-8129 Fax 309-342-7206

RECORD OF ARREST AND/OR CONVICTION FOR: (___)Total History (___)Last 12 Months

Name: _____
Last **First** **Middle**

Address: _____ City/Zip _____

DL/ID# _____ SS# _____

DOB: _____ Maiden Name: _____

Previous married names: _____

Race: (___) Black (___) Hispanic (___) Asian/Islander

(___) White (___) Am. Indian (___) Other

(___) Male (___) Female

I hereby authorize the release of the requested information to the Knox County Housing Authority from **any law enforcement agency and/or background screening agency**.

Signed: _____ Date: _____
Tenant/Applicant

Requested by: _____ Date: _____
Knox County Housing Authority

*It is important to note that, based on Pub. L. 104-120, QH inquiry information is provided to PHAs only to inform them of the probable existence or nonexistence of a criminal history record. Only with the submission of fingerprints can a positive identification be made and a record provided, if such record exists.