

**ILLINOIS EMERGENCY MANAGEMENT AGENCY
DIVISION OF NUCLEAR SAFETY
1035 OUTER PARK DRIVE
SPRINGFIELD, ILLINOIS 62704**

RELEASE AND AUTHORIZATION
FULL DUE DILIGENCE INVESTIGATION

I authorize and grant my consent to any authorized representative of IEMA to conduct a background investigation to obtain any information related to my activities from individuals, schools, residential management agents, previous employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, or performance information and information about my attendance, disciplinary, employment, and criminal history records. I understand that the purpose of the background investigation is so IEMA has a basis of confidence to approve me as an agent authorized to speak and act on behalf, or to be an authorized user on a radioactive material license.

I understand that, for previous employers and other sources of information, separate specific releases may be needed and that I may be contacted for such releases at a later date. I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly authorized representative of IEMA regardless of any previous agreement to the contrary.

I understand that photocopies of this authorization and consent document with my signature are valid and that this authorization will remain in effect as long as I am authorized to speak and/or act on behalf of the radioactive material licensee.

Applications for a radioactive materials license and other documents submitted to the Agency pursuant to 32 Ill. Adm. Code 330 are subject to disclosure under the Illinois Freedom of Information Act. However, the Agency takes the protection of personal information seriously and will only release such information in accordance with Illinois law or only as needed for official State of Illinois business. Any information obtained by the Agency during the background investigation will either be redacted or destroyed to prevent unauthorized use.

Applicant Full Legal Name (Printed)

Other Names Used (Printed)

Street and Physical Address

City, State and Zip Code

Contact Email

Contact Phone

Social Security Number

Date of Birth

I certify that all information provided on this questionnaire is correct. I understand that any misstatement, misrepresentation, or omission may be cause for disapproval by the Illinois Emergency Management Agency – Division of Nuclear Safety.

Applicant Signature

Date