

**AUTHORIZATION TO CONDUCT
CONVICTION INFORMATION SEARCH**

I, _____, hereby grant and authorize the
Illinois State Police to Search any and all records in their possession
Regarding any Conviction information pertaining to me and further
authorize the Illinois State Police to provide that information to Community
Physical Therapy & Associates, Ltd.

Dated: _____

Signature

Print Name, middle initial, last name

Address

City, State & Zip Code

Date of Birth

Social Security Number