



**Verification of Identity**  
**Private Information Requested**  
**Freedom of Information Act**  
 Pursuant to 5 ILCS 140/1 et. seq.

Clear Form

**Purpose:** The General Assembly has adopted a public policy for the State of Illinois to allow access by all persons to public records to promote transparency and accountability while protecting against an unwarranted invasion of personal privacy. Accordingly, when a person requests records of which they are the subject that would be considered "Private Information" as defined by the Illinois Freedom of Information Act (5 ILCS 140/2(c-5)), the Illinois State Police must verify the identity of the requestor.

**Instructions:** This form must be completed by anyone requesting "Private Information," which would otherwise be exempt under either 5 ILCS 140/7 or 5 ILCS 140/7.5 and returned to: [ISP.FOIA.Officer@illinois.gov](mailto:ISP.FOIA.Officer@illinois.gov).

The person completing this form must:

- Be the subject, or the parent or legal guardian of the subject, of the records requested; and
- Waive their right to privacy as it relates to the release of such records.

<b>Name of Person Requesting Records:</b> _____ <i>Last, First, Middle Initial</i>		
<b>Verification and Waiver of Privacy Rights</b>		
By my signature below, I affirm:		
<ul style="list-style-type: none"> <li>• I am the subject, or the parent, or legal guardian of the subject<sup>1</sup> of the records requested.</li> <li>• I understand these records would otherwise be exempt from disclosure under either Section 7 or 7.5 of the Freedom of Information Act.</li> </ul>		
Regardless, I waive my right to privacy as it relates to the release of these records and request that unredacted copies be provided to me subject to any other appropriate exemption.		
<b>Signature</b>	I am the parent or legal guardian of the subject of the records. <input type="checkbox"/> Relationship: _____	<b>Date</b>
<b>E-Mail Address</b>	<b>Phone Number</b>	<b>Date of Birth</b>
<b>Printed Address</b>	<b>City/State</b>	<b>Zip</b>
<b>Witness (Printed Name)</b>	<b>Signature</b>	<b>Date</b>

<sup>1</sup> Some records regarding juveniles will be protected from release by the Juvenile Court Act and may not be released solely pursuant to this verification form.