



Regional Office of Education #12

Clay-Crawford-Jasper-Lawrence-Richland Counties
Jeremy Brush, Regional Superintendent of Schools

Substitute Teacher Authorization Certificate Packet

ROE 12 Substitute Teacher Authorizations are issued to individuals who meet the following requirements:

- Hold a valid **Professional Educator License; Educator License with Stipulations and a bachelor degree, Substitute License or Short-Term Substitute License** registered in ROE 12.
- Completed Evidence of Freedom From Communicable Disease (physical) form within the past 90 days
- Proof of TB skin test within the past 90 days
- Fingerprint based criminal history check for ROE 12 within the past 90 days
- Name not in Illinois Statewide Sex Offender Data Base
- Name not In Illinois Statewide Child Murdered and Violent Crimes Against Youth Database

The Fingerprint Background Check, Physical, and TB Test will be at your expense

Checklist to obtain ROE 12 Substitute Teacher Authorization Certificate

If obtaining a license with ISBE for the first time

Request Official Transcripts from a Regionally Accredited Institution be emailed directly from the institution to afrohning@roe12.org

_____ **Hold a valid ISBE license: PEL, SUB, STS, ELS/PARA, ELS/CTE w/bachelor's degree**

Click on links below for steps to obtain an ISBE license

[ISBE requirements to obtain a license to substitute teach](#)

[How to Create an ELIS Account](#)

[Checklist to Apply and Register an ISBE License](#)

_____ **ISBE license registered in ROE 12**

_____ **Fingerprint Background Check completed for ROE 12**

To schedule a fingerprinting appointment contact Bushue Background Screening at 217-342-3042 or online at

<https://www.bushuebackgroundscreening.com/schedule>

The cost for the fingerprint is payable by the applicant at the time of the appointment
The fee is **\$54 by cash or \$56 by debit/credit card**. No personal checks are accepted
Please take the Bushue Background Screening form (Page 5) to the fingerprint appointment

_____ **Evidence of Freedom from Communicable Disease (Physical) (Top of Page 3) completed**

_____ **TB test (1 Step) (Bottom of Page 3) completed**

_____ **Pages 3, 4, 5, 6, 7, and 8 completed and returned to ROE 12 office**

_____ **Substitute Training completed for STS license – ROE 12 offers the training quarterly**

Upon verification of the above items, a Substitute Teacher Authorization or a Short-Term Substitute Authorization Certificate with an embossed ROE 12 seal will be issued. **The holder should take this authorization certificate to the school districts in the ROE 12 counties of Clay, Crawford, Jasper, Lawrence, and Richland in which they desire to substitute teach.** The district should make a copy of the original authorization certificate. The holder should keep the original authorization certificate with the embossed seal in their possession.

Obtaining the ROE 12 Substitute Authorization Certificate is recommended to substitute teach in Clay, Crawford, Jasper, Lawrence, and Richland county schools; however, obtaining such an authorization does not guarantee that you will be hired as a substitute teacher in Clay, Crawford, Jasper, Lawrence, and Richland county schools. If you do not obtain the ROE 12 Substitute Authorization, you must meet the requirements of each district and/or school in which you substitute teach.



Regional Office of Education #12

Clay-Crawford-Jasper-Lawrence-Richland Counties
Jeremy Brush, Regional Superintendent of Schools

Statement of Purpose for Collection of Social Security Numbers

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and state government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the Regional Office of Education #12 to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security Number?

You are being asked for your SSN for one or more of the following reasons:

- Application and/or Registration of Professional License Certificates
- Application for GED Testing and/or Transcripts
- Criminal History Investigations
- Employee Records

What do we do with your Social Security Number?

We will only use your SSN for the purpose for which it was collected. We will NOT:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose
- Publicly post or publicly display your SSN
- Print your SSN on any card required for you to access our services
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted
- Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

What if I have questions or concerns about this Statement of Purpose?

Write to the Regional Office of Education #12 at the following address:

Regional Superintendent of Schools
Regional Office of Education #12
300 West Main St, Suite 307
Robinson, IL 62454

DOCUMENT FOR APPLICANT RECORDS ONLY



Regional Office of Education #12
Clay-Crawford-Jasper-Lawrence-Richland Counties
Jeremy Brush, Regional Superintendent of Schools

Evidence of Freedom From Communicable Disease (Physical)

The Illinois School Code* requires that substitute teachers show evidence of freedom from communicable disease. The cost of such examination shall rest with the substitute teacher employee.

I hereby certify that _____ meets the above requirement of evidence of freedom from communicable disease.

Date

Signature of Licensed Physician, Advanced Practical Nurse or Physician Assistant

Address

City

Zip

TB SKIN TEST (1 Step)

This is to certify that _____ is free of tuberculosis. This is based on a **TUBERCULIN SKIN TEST** given on _____ ^{name} indicating _____ results.

Date

Signature M.D. or Nurse

*(b-5) School boards may require of new substitute teacher employees evidence of physical fitness to perform duties assigned and shall require of new substitute teacher employees evidence of freedom from communicable disease. Evidence may consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the substitute teacher employee. A new or existing substitute teacher employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official. The board may from time to time require an examination of any substitute teacher employee by a physician licensed in Illinois to practice medicine and surgery in all its branches, a licensed A advanced practice nurse, or a licensed physician assistant and shall pay the expenses thereof from school funds.

(Source: P.A. 98-716, eff. 7-16-14; 99-173, eff. 7-29-15.)

RETURN THIS COMPLETED FORM TO ONE OF THE ROE #12 OFFICES LISTED BELOW

Clay County
Clay County Courthouse
111 East Chestnut
Street P.O. Box 97
Louisville, Illinois 62858
618.665.3373
Fax 618.665.3155

Crawford County
300 West Main Street
Lower Level, Suite 307
Robinson, Illinois
62454 618.544.2719
Fax 618.546.1556

Jasper County
County Office Building
204 West Washington
Suite 3
Newton, Illinois 62448
618.783.2523
Fax 618.783.4237

Lawrence County
Lawrence County
Courthouse
1100 State Street
Lawrenceville, IL
62439 618.943.3522
Fax 618.943.2513

Richland County
407 Whittle Ave
Olney, Illinois 62450
618.392.4631
Fax 618.392.3993



Regional Office of Education #12

Clay-Crawford-Jasper-Lawrence-Richland Counties
Jeremy Brush, Regional Superintendent of Schools

SUBSTITUTE TEACHER BACKGROUND CHECK AUTHORIZATION FORM

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district including persons who or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

I authorize Regional Office of Education #12 to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.

I further authorize Regional Office of Education #12 to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize Regional Office of Education #12 to check for my name on the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database.

I understand that conviction on any of the enumerated offenses or the presence of your name on any of these reports will exclude me from substitute teaching in ROE #12 Counties' schools and could result in the suspension, revocation, or surrender of my teaching certificate(s).

I understand that the Regional Superintendent shall share criminal history reports with the Superintendent of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Certification Board. I further understand that a copy of the criminal history check shall be provided to me if requested.

I understand that I am responsible for the payment of the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database.

I verify that I have been provided access to the Summary of Rights under the Fair Credit Reporting Act with this packet.

I verify that I have received a Statement of Purpose regarding the use of my social security number with this packet.

I understand that receiving the ROE #12 Substitute Authorization is recommended to substitute teach in Clay, Crawford, Jasper, Lawrence and Richland Counties Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in Clay, Crawford, Jasper, Lawrence and Richland Counties.

Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

September 2018

I give ROE #12 my permission to share the results of my Evidence of Freedom From Communicable Disease and TB Test only with another ROE or school entity which may consider me for employment as a substitute teacher. Initial _____

Name (Please Print) _____ Date _____ IEIN or SSN _____

Signature _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

RETURN THIS COMPLETED FORM TO ANY OF THE ROE #12 OFFICES LISTED BELOW

Clay County
Clay County Courthouse
111 East Chestnut Street
P.O. Box 97
Louisville, Illinois 62858
618.665.3373
Fax 618.665.3155

Crawford County
300 West Main Street
Lower Level, Suite 307
Robinson, Illinois
62454 618.544.2719
Fax 618.546.1556

Jasper County
County Office Building
204 West Washington
Suite 3
Newton, Illinois 62448
618.783.2523
Fax 618.783.4237

Lawrence County
Lawrence County
Courthouse
1100 State Street
Lawrenceville, IL
62439 618.943.3522
Fax 618.943.2513

Richland County
407 Whittle Ave
Olney, Illinois 62450
618.392.4631
Fax 618.392.3993



Fingerprinting - Form D (Client)

APPLICANT INFORMATION

Please Print Legibly

Applicant's Full Legal Name	First:	Middle:	Last:
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Address (street, city, state, zip):

Phone Number:	Email Address:
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Date of Birth (MM/DD/YYYY):	Gender:
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Race (indicate one): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Indeterminable/Unknown <input type="checkbox"/> White/Latino <small>* Illinois State Police only allows the above options</small>	Height: <input type="text"/> ft <input type="text"/> in	Hair Color (indicate one): <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde/Strawberry <input type="checkbox"/> Brown <input type="checkbox"/> Sandy <input type="checkbox"/> Gray/Partial Gray <input type="checkbox"/> Red/Auburn Other: _____	Eye Color (indicate one): <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel Other: _____
	Weight <input type="text"/> lbs		

What State You Were Born In?	Social Security Number:	Driver's License Number & State Issued:
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Position: (reason for fingerprinting)	<input type="checkbox"/> Bus Driver <input type="checkbox"/> Bus Monitor <input type="checkbox"/> Coach <input type="checkbox"/> Contractor <input type="checkbox"/> Custodian <input type="checkbox"/> Volunteer <input type="checkbox"/> Food Service <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Student Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher Other: _____
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APPLICANT SIGNATURE AND DATE

Applicant Signature <i>(if the person listed at the top of this form is under the age of 18, their parent or guardian should sign and date these sections.)</i>	Date:
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PLEASE TAKE A COPY OF THIS FORM TO YOUR FINGERPRINT APPOINTMENT

Office Use Only: Bushue Background Screening

Proof of Identity: <input type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Passport Other: _____	ORI Number:
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Technician:	Tech License #: 249.000 _____	TCN:	Purpose Code:
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Date of Fingerprint:	Time:	Location:	Payment Amount: _____
			Cash _____ M.O/Check: _____ Card: _____



ROE #12

DISCLOSURE FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

ROE #12 (“end-user”) has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: _____ Date: _____

**This form must be completed and returned to an ROE #12 office before a
SUBSTITUTE TEACHER AUTHORIZATION CERTIFICATE
will be issued**



ROE #12

AUTHORIZATION FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by **ROE #12** (“end-user”) and its consumer reporting agency Bushue Background Screening (“Agency”). In my connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for the End-User to procure such reports at any time during, as permitted by law, my employment (or other affiliation) with the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, my driving record, judgments, bankruptcy proceedings, evictions, other public records, criminal history records, fingerprint records, etc.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

I authorize the End-User and the Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Bushue Background Screening at (217) 342-3042 or info@bushuebackgroundscreening.com.

Signature: _____ Date: _____

**This form must be completed and returned to an ROE #12 office before a
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will be issued**



ROE #12

Privacy Act Statement

READ CAREFULLY BEFORE SIGNING

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Signature: _____ Date: _____

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Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

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reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

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placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

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TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>