Applicant Notification and Record Challenge

For national security or public safety, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for contract or sub-contract, security clearances, and other suitability determinations; State and local state, federal, or non-federal agencies responsible for employment backgroundCHECKS.

Blanket Routine Uses: Routine uses include, but are not limited to, disclosures to: employees involved in the Federal Register; non-Federal, State, and local agencies; and the FBI.

Routine Use: During the processing of this application, and as long thereafter as your fingerprints may be retained by the FBI:

1. Use of your fingerprint and associated biometric information to determine your suitability for employment, such as employment, licensing, and security clearance;

2. Use of your fingerprint and associated biometric information for the purposes of the FBI’s Next Generation Identification (NGI) System or successor systems (including civil, criminal, and other fingerprint records or dispositions).

Principal Purpose: Certain determinations, such as employment, licensing, and security clearance.

Approval of your application, and associated information, is voluntary; however, failure to do so may affect your employment application. L. 92-544, Presidential Executive Orders, and Federal regulations. Providing your fingerprints is generally authorized under 28 U.S.C. 554. Depending on the nature of your employment, certain information is generally authorized under 28 U.S.C. 554. Depending on the nature of your employment, certain information is generally authorized under 28 U.S.C. 554.

PRIVACY ACT STATEMENT
CRIMINAL HISTORY RECORD CHECK AUTHORIZATION FORM
USE FOR APPLICANT PURPOSES
(PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK)

LAST NAME ___________________ FIRST NAME ___________________ MI __________ SUFFIX ________

ALIASES: MAIDEN/PREVIOUS LAST NAMES
_________________________________ ______________________ ________

DATE OF BIRTH ___/___/____ SOCIAL SECURITY # ______-____-_______

SEX _______ RACE _______ HEIGHT _______ WEIGHT _______ EYES _______ HAIR _______

PLACE OF BIRTH (STATE/COUNTRY) __________________________ CITIZENSHIP (COUNTRY) ________________

CURRENT ADDRESS: _________________________________________ 

CITY/STATE: ___________________________ ZIP: __________________

TELEPHONE NUMBER: HOME/CELL (___) ______________ WORK (___) ______________

AUTHORIZATION TO RELEASE INFORMATION:
As an applicant I authorize release of any and all information that you have concerning me, including CRIMINAL HISTORY RECORD INFORMATION and other information of a confidential or privilege nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage, which may result from furnishing this information:

SIGNATURE OF APPLICANT: __________________________ DATE: _______________________

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18): ________________________________

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION

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OFFICIAL USE ONLY

University of Delaware AGENCY

STUDENT TEACHING 31 DECA 309 _______/_______ Code Time

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