

Requesting Entity: _____

FBI Privacy Act Statement

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 non-governmental 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.

As of 03/30/2018

Note: This privacy act statement is located on the back of the FD-258 fingerprint card.

SIGNATURE	DATE

This document must be retained by the Qualified Entity.

Requesting Entity: _____

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.**¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

Updated 11/6/2019

If you need additional information or assistance, please contact:

Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480	Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306
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SIGNATURE	DATE
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This document must be retained by the Entity.

Do not send to CT State Police or FBI

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

NCPA/VCA Waiver and Consent Form for Covered Individuals

This form must be completed and signed by every current or prospective applicant for a position that cares for children, the elderly, or disabled pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA). It must be completed before fingerprints are sent to the Connecticut State Police (CSP) and the Federal Bureau of Investigation (FBI).

I understand the following: 1.) My fingerprints will be used to check the criminal history records of the CSP and FBI; 2.) I can receive my state criminal history record from the CSP and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30- 16.34; 3.) I can challenge the accuracy and completeness of any information contained in such criminal history records; 4.) The qualified entity may choose to deny me unsupervised access to children, the elderly, or the disabled under its care until my criminal history record check is completed; 5.) I may obtain a prompt determination as to the validity of my record challenge before a final decision is made.

I hereby authorize the qualified entity to submit a set of my fingerprints to the CSP and FBI under the NCPA/VCA. The qualified entity will receive and review my state and national fingerprint-based criminal history records to determine if I am fit to care for children, the elderly or disabled.

By signing this form, it is my intent to authorize the dissemination of my state and national fingerprint-based criminal history record to the qualified entity. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

ENTITY INFORMATION-The entity receiving the information.					
(Name)			TELEPHONE NO.		
ADDRESS (No. and Street)		(City or Town)		(State)	(Zip Code)
APPLICANT INFORMATION-The person being fingerprinted.					
NAME (Last)		(First)		DATE OF BIRTH (Month, Day, Year)	
ADDRESS (No. and Street)		(City or Town)		(State)	(Zip Code)
POSITION (Current or Prospective)- All applicants must have supervised or unsupervised access to children, the elderly, or individuals with disabilities.					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Vendor Paid Student Teacher Unpaid Student Teacher Other _____					
CRIMINAL HISTORY					
<input type="checkbox"/> I have been convicted of or pled guilty to a crime. <input type="checkbox"/> No <input type="checkbox"/> Yes* * If yes is selected, provide the details and description of the crime/conviction below.					
SIGNATURE			DATE		

This document must be retained by the Qualified Entity.