#### 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. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**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.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

#### FOR USE WITH LIVESCAN ONLY, FILLED OUT BY CCR&R CONDUCTING THE SCAN

CCR&R Region: CCR&R Name: Date of scan / sent to DOJ:

### **Applicant Rights and Consent to Fingerprint**

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.

- You must be provided written notification by \_DPHHS/QAD/CCL\_ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials deciding of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 criminal history record.<sup>2</sup>

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.<sup>3</sup>

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 http://www.fbi.gov/about-us/cjis/background-checks.

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 at the same address as provided above. 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.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at DOJCRISS@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Name (typed):	First	Middle	Maiden	Last
Facility Name:			Facility PV#:	
Signature:			Date:	

<sup>&</sup>lt;sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>&</sup>lt;sup>2</sup> See 28 CFR 50.12(b).

<sup>&</sup>lt;sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

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## NCPA/VCA Applicants (FBI)

our Name:			
First	Middle	Maiden	Last
	ployment with, will be working in a volu ractor services to (Facility or Agency na		residing in a child care setting or will be
and agency PV#:	for the position of (please be sp	pecific):	
Act(VCA), Pub. L. 105-25 Code (U.S.C.) , Sections 5	ction Act of 1993 (NCPA), Public Law (F 1 (Sections 221 and 222 of Crime Ident 5119a and 5119c, authorizes a state an or volunteer, or a person with unsuper	tification Technology Act of dinational criminal history by the contract of th	1998), codified at 42 United States
of the United of a foreign a when compliancepted for 2. Provide a ce (c) have been describe the 3. Prior to the complete to whom the	d States Government, a State, political government, an international government eted with information concerning a the purpose of identification of individing the purpose of the particulars of the convict completion of the background check, the entity provides care.	subdivision of a State, a for ental or an international q particular individual, is of a duals. 18 U.S.C. §1028(D)(2). convicted of a crime, (b) are er indictment or have been cion, if any. the entity may choose to der	e not under indictment for a crime, or convicted of a crime, you must ny you unsupervised access to a person
determination whether y		er pending indictment for, a	reasonable efforts to make a crime that bears upon your fitness and forts to respond to the inquiry within 15
Your Name: First	Middle	Maiden	Last
Date of Birth:		SSN:	
Address: Street		City	State Zip
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history record i	nformation to _DPHHS/QAD/CCL		Date
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# Parent/Guardian Consent Form For Fingerprinting of a Minor Child

Name of Child						
Date of Birth	_					
Name of Parent/Guardian		_				
Address:						
Tele (Day):	Tele (Evening):					
Makila Dharan	E Mail					
Mobile Phone:	E-Mail					
I consent to have my child fingerprinted for QAD-CCL						
Parent/Guardian Signature						