

[Insert Tribal Agency Name and Logo]

**NOTICE OF CRIMINAL HISTORY CHECK OF FBI RECORDS AND NOTICE OF APPLICANT'S RIGHT TO CHALLENGE
ACCURACY OF CRIMINAL HISTORY RECORD**

As an applicant for employment and/or volunteer service with [TRIBAL AGENCY], you are being provided with a copy of this form to serve as a formal notice that your fingerprints will be used to check the criminal history record files that are kept by the FBI Criminal Justice Information Services (CJIS) for any criminal history records attributable to you. The results of this check are known as an Identity History Summary (IdHS). [TRIBAL AGENCY] is required to retain the original copy of this signed NOTICE OF CRIMINAL HISTORY CHECK OF FBI RECORDS AND NOTICE OF APPLICANT'S RIGHT TO CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORD and to provide a copy of this notice to you.

Once the criminal history check is complete, you may obtain a copy of your IdHS by contacting: [Tribal Agency, Address, and Phone]. In the event that you believe the results of your IdHS are incomplete or inaccurate, you have an opportunity to challenge the accuracy of that information.

Applicants may request updates and/or corrections to information in their IdHS by either:

- a. Contacting the Tribal, state or Federal agency (or agencies) that provided the challenged information to the FBI; or
- b. Sending a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division: FBI CJIS Division, Attention: SCU, Mod. D-2, 1000 Custer Hollow Road Clarksburg, WV 26306

Your written request should be addressed to the FBI, as listed above, and should clearly identify the information that you feel is inaccurate and/or incomplete. It is advisable to include copies of any available proof or documents that support your claim. For example, if information about what happened to a criminal charge against you is incorrect or missing, you may submit documentation from the court or the office that prosecuted the offense.

Please be aware that 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 record 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 criminal justice, non-criminal justice, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency.

Routine Uses: During the processing of this application, 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.

More information about your rights can be found in the Privacy Act (5 USC 552a) and in 28 C.F.R. § 16.34.

Acknowledgement

I have been advised that I may request my IdHS when the final results are received.

I further understand that I have the right to challenge information contained in my IdHS and have been provided a copy of this notice with instructions regarding the process for making a request for the correction and/or update of information contained in my IdHS.

Applicant**Agency Point of Contact**

(Signature)

(Signature)

(Print Name)

(Print Name)

(Date)

(Date)