

IMPORTANT-READ CAREFULLY BEFORE SIGNING
Fingerprint-Based Criminal History Record
Request Authorization and Notification Form

By signing this authorization, I hereby acknowledge that I consent to the collection and retention of my fingerprints as part of the application/employment/licensing process.

I acknowledge and understand that my fingerprints will be searched against the fingerprint databases maintained by the Federal Bureau of Investigation and the Tennessee Bureau of Investigation for the purpose of assessing and reviewing state and national criminal history that may pertain to me directly, pursuant to 28 CFR, Sections 16.30-16.34.

I acknowledge that I have been notified of the procedures to challenge the accuracy or completeness of my record, set forth in Title 28 CFR 16.34. I am aware that a copy of these procedures may be downloaded from FBI.gov.

- I do NOT agree to the terms and conditions of this background check. By checking this box, the process will be terminated.

- I AGREE and affirm that I have read and fully understand the above and consent to this background check and to the results being released to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer. By checking this box and signing this document, I understand I am indicating my agreement with the terms and conditions of the background investigation.

Signature: _____ Date: _____

Printed Name: _____