

Sample Form Template

For use by Michigan criminal justice agencies when determining eligibility for access to criminal justice information. Review by your legal department is recommended.

BACKGROUND AUTHORIZATION REQUEST FOR CRIMINAL JUSTICE PERSONNEL, CONTRACTORS, AND VENDORS

Place individual agency name and contact information here.

I. Requestor Information		
Requestor (Agency Contact/Hiring Authority)		Date
Agency	Division	Email Address
II. Applicant Information		
Position	Type of Employment <input type="checkbox"/> Temporary Employee <input type="checkbox"/> Permanent Employee <input type="checkbox"/> Contractor/Vendor	
Name of Applicant (Last, First, Middle)		
Home Address		
City	State	ZIP Code
Social Security Number (Optional)		Date of Birth
Driver's License Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other		
III. Authorization		
<p>By signing this authorization, the applicant grants permission to (Agency Name) to conduct a fingerprint-based background check for the express purpose of determining whether the applicant is eligible to access criminal justice information and/or physically secure facilities.</p> <p>I understand the personal information and fingerprints submitted are used to search against criminal identification records from both the state of Michigan and the Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the agency listed above. I further understand the information and fingerprints may be retained, as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.</p>		

Applicant Signature: _____ Date: _____

28 CFR §16.34 - Procedure to obtain change, correction, or updating of identification record:

If any information is found that the applicant believes is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency that contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, West Virginia, 26306. The FBI will then forward the challenge to the agency that submitted the data requesting they verify or correct the challenged entry. Upon receipt of an official communication directly from the agency that contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.