WAIVER AGREEMENT AND STATEMENT

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

identifying me and accessing may pertain to me. Pursual Recipient may obtain my of By signing this waiver, it is Recipient of any Kansas a understand that, if applicable access to children, the elde background check is complete. I understand that, upon my	ng and reviewing nt to K.S.A. 22-4 criminal history is my intent to audor national crolle, the Authorizarly, or individual leted.	as Bureau of Investigation (Rg Kansas and/or national crir 1701 et seq. and K.S.A. 22-5 record information for noncrithorize release to the above- iminal history record that maked Recipient may choose to be with disabilities until the combined Recipient will provi	ninal history records that 001, the Authorized iminal justice purposes. referenced Authorized ay pertain to me. I further odeny me unsupervised riminal history
accuracy and completeness reasonable amount of time before the Authorized Reci	of any informat to correct or con pient makes a fir	received on me, and that I are ion contained in any such resupplete the criminal history result ald decision about my status nent license, certification or	port. I may be afforded a cord (or decline to do so) as an employee, volunteer
those results only for authoresults in violation of feder established by the National	orized purposes a ral statute, regula Crime Prevention	ults of the criminal history rend are prohibited from retaintion or executive order, or rule and Privacy Compact Coup; 42 USC 14616, Article IV	ning or disseminating such ale, procedure or standard ancil. (See 5 United
I have OR have not	been convi	cted of a crime.	_
If convicted, describe the c convicting court:	rime(s), the date	and location of the crime(s)	, and the name of the
	s statement const	hat I am the person describe itutes a severity level 9, non otated, Section 3805.	
Signature		 Date	
Printed Name		Date of Birth	
Residential Address	City	State	Zip

WAIVER AGREEMENT AND STATEMENT (Cont.)

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your record and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/criminalhistory. Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation Attn: Criminal History Records 1620 SW Tyler Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your federal CHRI for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: http://www.fbi.gov/about-us/cjis/background-checks/background_checks. Or, you may write to:

FBI CJIS Division – Record Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly 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). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

TO BE COMPLETED BY THE FINGERPRINTING AGENCY: Method of Verifying Identity: Driver's License Military ID Card State/Branch: ID Number: Agency Name: Address: Fax: Name of Individual Verifying Identity: ID Number: ID Num

ORIGINAL – MUST BE RETAINED BY AUTHORIZED RECIPIENT COPY – PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK