FINGERPRINT FORM

For R.I. jobs requiring a NATIONAL background check by State statute

Applicant notification and record challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record is set forth in Title 28, CFR, 16.34.

FIRST NAME	LAST NAME	MI	(Maiden Name)	
/ /		()	
DOB: mm/dd/yr.	Place of Birth (State / Country)		Telephone Number	
			\Box Male \Box Female \Box	
Social Security Number				

Current Address (If different than address on ID)

Please have the paperwork provided by your employer, form of payment & your I.D. ready.

\$45.00

There is a credit/debit card surcharge of \$1.40

Check off one of the following:

Precious Metals		

I hereby direct and authorize the Bureau of Criminal Identification and Investigation to conduct the requested national and/or

state background check and to notify _____ (name of employer)

in writing of the results in the manner authorized by law. I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature, and description whatsoever, arising from any release of information pursuant to this request, against the State of Rhode Island, the Attorney General, the Rhode Island Department of Attorney General and its employees in both law and equity which I may have now or in the future.

Signature of Applicant

Date

