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

☐ Male ☐ Female ☐_____

E-mail: Use the blocks below for each character

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:

☐	Bally's Lincoln/Tiverton Casino	☐	RI Nursing License (State required)	☐	School (State required)
☐	Retail Sales/Store -RI Lottery	☐	RI Nursing New Employer	☐	Probate Guardian
☐	Precious Metals	☐	Ambulatory Care	☐	Youth Protection Act
☐	Burglar Alarm Agent – D.L.T.	☐	Gateway Healthcare/ Thrive/ The Providence Center	☐	Home / Owner *Paid by DHS Childcare/Daycare (State also required)
☐	Religious Organization	☐	Med. Marijuana Purchaser	☐	Childcare / Daycare *Paid by DHS CENTER (State required)
☐	Security Business OWNER	☐	Caregiver/Cultivation/Hemp/ Compassion Center	☐	Dept. of Administration – FTI Employment & Vendors
☐	Security guard (State required)	☐	Cannabis Retail License	☐	Dept. of Administration –Auditor General
		☐	Firefighter (State required)		

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 _____ *(employer/government agency) 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*

☐ *RISOR* ☐ *NSOR*

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: 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 background 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 civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, 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.

As of 03/30/2018

The FBI Privacy Act Statement can be found at https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement.

Applicant Notification of Procedures for Obtaining an Amendment to an FBI Record

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 update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at https://www.fbi.gov/services/cjis/identity-history-summary-checks *and* https://www.edo.cjis.gov.