

Stamford Searsburg Halifax Readsboro Twin Valley Unified Union SD 1 School Street Wilmington, VT 05363

## **VERMONT CRIME INFORMATION CENTER**

## FINGERPRINT AUTHORIZATION CERTIFICATE

***APPLICANT: You <u>NOT</u> submit your fingerp	must bring this certificate with rints to VCIC for processing v	without this form.***	ing appointment. Identification Ce	enter staff <u>WILL</u>
DEACON EINGEDDE	RINTED: (CHECK ONL	_	by Code. <u>00425</u>	
			PA-Volunteer  Secretary of	of State
NAME:	First			
Last	First	Middle		
MAIDEN/OTHER NA	AMES:			
DOB:	SSN:	GENDER:	□FEMALE □ MALE	OTHER
PLACE OF BIRTH: _	Town			
	Town	State	Country	
TELEPHONE NUME	BER:			
AL CO DE GA	t, I have resided or been HI ID IL IN IA KY NM OH OR RI SO	LA MD MA MN	N MS MO MT	
I certify that I have i		atement attached ar	nd acknowledge the author	ity, purpose
Applicant Signature:				-
fee. I understand that	the Department of Public	Safety will bill my a	and paid his or her criminal agency for this record check fee. I understand that the D	
Agency Staff Signatur	e:		Date:	_
Print Name/Title:				_
IDENTIFICATION	CENTER USE ONLY:			

TVT:\_\_\_\_\_Date Printed:\_\_\_\_\_

## **Privacy Act Statement**

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.

## Applicant Notification of Procedures to Update 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 is set forth at 28 CFR 16.34. Information regarding this process may be found at <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a> and <a href="https://www.edo.cjis.gov">https://www.edo.cjis.gov</a>.