**BACKGROUND CHECK REQUEST TO OBTAIN AUTHORIZATION FOR**

**ACCESS TO CRIMINAL JUSTICE INFORMATION SYSTEMS AND**

**MICHIGAN STATE POLICE FACILITIES**

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| **Mail To:** | Michigan State Police  CJIC/Security Analyst  P.O. Box 30634  Lansing, Michigan 48909-0634 | | | | **FAX:** 517-241-0865  **Telephone:** 517-284-3077  **Email:** [MSP-Backgrounds@Michigan.gov](mailto:MSP-Backgrounds@Michigan.gov)  [MSP-VendorBackground@Michigan.gov](mailto:MSP-VendorBackground@Michigan.gov) | | |
| **I. Requestor Information** | | | | | | | |
| Requestor (First, Last Name) | | | Company/Employer, Project Name, or Human Resource Contact | | | | Date |
| Agency | | | Division | | | Email Address | |
| **II. Applicant Information** | | | | | | | |
| Position | | | Type of Employment  Temporary  Permanent  Contractor  Information Technology Vendor | | | | |
| Name of Applicant (Last, First, Middle) | | | | Home Address | | | |
| City | | | State | ZIP Code | | Race  American Indian/Alaskan Native  Asian  Native Hawaiian/Other Pacific Islander  Black (African American)  Hispanic  White  Other | |
| Date of Birth | | Social Security Number | | Sex  Male  Female | |
| Driver’s License Number/State Identification Number | | | | ID State of Issuance | |
| **III. Privacy Act Statement** | | | | | | | |
| **Authority:** The Federal Bureau of investigation (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, as amended, 5 U.S.C. 552a (Privacy Act), 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. | | | | | | | |
| **IV. Procedure to Obtain a Change, Correction, or Update of Identification Records** | | | | | | | |
| If, after reviewing your identification record, if you believe that it is incorrect or incomplete in any respect and wish changes, corrections or updating of the alleged deficiency, you should make application directly to the agency which contributed the questioned information. You may also direct your challenge as to the accuracy or completeness of any entry on your record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D–2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency (28 CFR §16.34). | | | | | | | |
| **V. Consent** | | | | | | | |
| I understand that my personal information and biometric data will be used to search against identification records from both the Michigan State Police (MSP) and FBI for the purpose of determining authorization for access to criminal justice information. I hereby authorize the release of my personal information for such purposes and the release of any records found to the MSP. I also acknowledge receipt of the Privacy Act Statement in Section III of this form. | | | | | | | |
| Signature: | | | | | | Date: | |