Alabama Law Enforcement Agency	STUD OF ALL MAL
APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECO	RD INFORMATION
PERSONAL INFORMATION	NORCEMENTS
Full Name (First, Middle, Last, Suffix):	
Aliases/Nickname:	
Applicant <u>Current</u> Address:	
City:State:Zip Code:	
Date of Birth:(MM/DD/YYYY) Driver's License Number:	Issuing State:
Race: White Black Asian Indian Other (please specify)	
Home Phone: () Mobile Phone: () W	ork Phone: ()
WORK INFORMATION	
Employer Name:Employer P	Phone: ()
Contractor Name:Contractor	Phone: ()
State Agency:Agency Pho	one: ()
Work Email Address:	
Job Role/Classification:Supervisor Name:	
 The required copy of my valid photo identification. A classifiable copy of my own fingerprints taken by an authorized law enforcement If applying for state employment/licensure/certification, reference that agency's <u>PERSONAL REQUESTS ONLY</u>: The required \$25.00 administrative fee (must be in a made payable to the ALEA, Criminal Records and IdentificationUnit). 	fee requirements for a background check.
AFFIDAVIT FOR RELEASE INFORMATION	
<i>I hereby authorize the Alabama Law Enforcement Agency to release any and all crimina</i> ALABAMA BOARD OF FUNERAL SERVICES, 4276 LOMAC STREET, MONTGOME	
Name & Address of Requesting Agency or Authorized Agent* I, the above referenced individual, hereby request to release any and all criminal history record information (Agency, the Federal Bureau of Investigation, and any information relating to my past record and character judicial, or personal reference. I hereby release all parties contributing such information from any charges or li By signing below and submitting this application, I hereby verify that the information listed in my applicat acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, the obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Cr right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "A Applicant Signature	whether it be financial, academic, military, employment, iability whatsoever because of furnishing said information. tion and in the attached documentation is correct. I also hat any person who willfully requests, obtains or seeks to communicate criminal offender record information to any more than \$10,000 or imprisoned in the state penitentiary ode of Federal Regulations (CFR), Section 16.34 I have the ppendix A" for contact information).
Name of Witness Name of Witness Address of Witness Address of Witness	
City, State and ZipCity, State and Zip	
Sworn to and subscribed before me thisday of, 20, 20	
Notary Signature My Commission Expires	
FOR ALEA OFFICIAL USE ONLY: TCN: SID: AL Received By (Initials): /Date: /	

____Initials:____Date: _/ /__

Status:

Walk-in/Hand Delivered _____Mailed _____

Total: \$

Total: \$

Background Check Qty:

Qty:

Certified Letter

NOTICE OF PRIVACY DISCLOSURE STATEMENT

DISCLOSURE STATEMENT:

Print Name

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

, hereby authorize the ALABAMA BOARD OF FUNERAL SERVICES

Authorized Recipient to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at 334-517-2450.

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 regulations, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprintbased 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.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the *authorities, purposes, and routine uses for the system(s).*

Our Notice of Privacy Disclosure Statement provides information about how we may use and disclose federal/state criminal history record information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Disclosure Statement.

Signature

Date