



PERSONAL DISCLOSURE FORM 2/3 REINVESTIGATION

STATE FORM 55732 (R2/05-24)
INDIANA GAMING COMMISSION

This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure of this information is **REQUIRED**. The Indiana Gaming Commission will require the licensee to disclose additional information not covered by this Application. **Failure to provide information could result in disciplinary action or application denial.**

INSTRUCTIONS

1. For applicants who are employees of a local Indiana property and applying at a local Indiana property, follow submission instructions provided by the Human Resource department and Gaming Agents on property.
2. For all other Applicants, submit one (1) **electronic** version of this Application and all question responses on a CD or USB flash drive to the IGC office or via secure file share to OCCLIC@IGC.IN.GOV.
 - (a) Send fingerprint cards to the IGC office.
 - (b) Application and all required documents should be submitted in a **single** portable document format (PDF) file in a minimum resolution of 200-300 dots per inch (DPI).
 - (c) **DO NOT SUBMIT DOCUMENTS IN HARD COPY FORMAT WITH THE EXCEPTION OF FINGERPRINT CARDS. The Application and exhibits should ONLY be submitted via file share, CD, or USB.**
3. If the Applicant requests confidentiality pursuant to the Access to Public Records Act, IC 5-14-3, then write or stamp "Confidential" on each applicable page, including exhibits, or include a cover letter with the Application requesting confidential treatment of the entire submission pursuant to the Act.
4. Pursuant to 68 IAC 2-3-4, your Social Security Number is required to process your Application. If your Social Security Number is not disclosed, the Commission may deny your Application.
5. Read each question completely before answering.
6. When a question does not apply to you, you must indicate by stating "Does not apply." If you have no answer to a certain question, you must indicate by stating "None." **FAILURE TO STATE "DOES NOT APPLY" OR "NONE" WILL BE INTERPRETED AS AN OMISSION AND MAY DELAY THE PROCESSING OF YOUR APPLICATION.**
7. Type or write legibly the answers to questions in black ink. If your Application is not legible, it will not be accepted.
8. You may be required to provide additional information or submit additional forms.
9. Please retain a copy of the completed Application and question responses for your records as they will not be released once received by the Commission.
10. Any required hard copy materials submitted to the Commission must be sent, with cover letter, to:

Indiana Gaming Commission
Attention: Investigations Division
101 W. Washington Street
East Tower, Suite 1600
Indianapolis, IN 46204-3408
11. If you have any questions about this Application or the occupational licensing process, contact the Investigations Division via email at OCCLIC@IGC.IN.GOV or via phone at (317) 233-0046.
12. Applicants are advised that pursuant to IC 4-33-4-18 and IC 4-33-6-5, all fingerprints provided by Applicants will be forwarded to the Federal Bureau of Investigation for a complete national criminal history check. Applicants will have the opportunity to disprove the information contained in the criminal history return. Corrections or updates to the criminal history return may be pursued by the following procedures contained in Title 28, C.F.R. § 16.34.

LEVEL 2 OR LEVEL 3 OCCUPATIONAL LICENSEE REINVESTIGATION

IDENTIFYING INFORMATION

LEGAL FIRST NAME	LEGAL MIDDLE NAME	LEGAL LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
US SOCIAL SECURITY NUMBER	GENDER	SEX	RACE/ETHNICITY
WEIGHT (POUNDS)	HAIR COLOR	EYE COLOR	HEIGHT (FEET & INCHES)
HOME ADDRESS (NUMBER AND STREET)			
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
PHONE NUMBER		EMAIL ADDRESS	

OCCUPATIONAL LICENSE INFORMATION

OCCUPATIONAL LICENSE NUMBER	POSITION TITLE	LEVEL
DEPARTMENT/DIVISION	SUPERVISOR	

FINGERPRINTS

1. Provide two (2) completed fingerprint cards (Standard Blue **FD-258** Cards) with your application.
- Blank fingerprint cards will be provided upon request.
 - If you are not employed at an Indiana casino, you must have your fingerprints taken at a law enforcement agency or other qualified vendor on Standard Blue **FD-258** Fingerprint Cards.
 - If you are employed at an Indiana Casino, see the Commission office to have your fingerprints scanned.

DISCLOSURES

PERSONAL

2. State any and all names used, legal or otherwise, since your last Indiana investigation, other than the name stated above. Include married names, maiden names, and aliases. Attach additional pages if necessary.
- If question 2 does not apply, initial here:** _____

START AND END DATES <small>(MM/DD/YYYY)-(MM/DD/YYYY)</small>	NAME USED

FINANCIAL

3. If you currently have any outstanding federal, state, or foreign tax liabilities, provide the following for each occurrence. Attach additional pages if necessary.
- If question 3 does not apply, initial here:** _____

FEDERAL, STATE, OR FOREIGN COUNTRY	FILING YEAR	AMOUNT OWED	PAYMENT PLAN DESCRIPTION

CRIMINAL HISTORY

4. If you have been arrested, detained, charged, indicted, convicted, received a pretrial diversion, pleaded guilty or nolo contendere, exercised your Fifth Amendment rights, or forfeited bail concerning any criminal offense, either felony or misdemeanor, in any state or foreign country (except for arrests which have been sealed or convictions which have been expunged by a court), **since your last Indiana investigation**, include the following for each case, **EVEN IF YOU HAVE PREVIOUSLY DISCLOSED TO IGC**. Attach additional pages if necessary.

If question 4 does not apply, initial here: _____

NATURE OF CHARGE OR ARREST	DATE OF DISPOSITION (MM/DD/YYYY)	NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR COURT INVOLVED	DISPOSITION (DISMISSED, CONVICTED, NOT GUILTY, ADDITIONAL DETAILS)	FELONY OR MISDEMEANOR

GAMING

5. If you have been included or removed from Indiana's Statewide Exclusion List, or any similar exclusion or prohibited persons list related to gaming in any other jurisdiction, since your last Indiana investigation, include the following for each instance.

If question 5 does not apply, initial here: _____

EFFECTIVE DATE (MM/DD/YYYY)	NAME OF AGENCY AND STATE OR JURISDICTION WHERE EXCLUDED/PROHIBITED	REASON FOR PLACEMENT ON LIST	DATE OF EXPIRATION OR REMOVAL, IF APPLICABLE (MM/DD/YYYY)

6. If you have ever had any disciplinary actions, restrictions, revocations, or non-renewals to which your gaming license was subjected, since your last Indiana investigation, include the following for each occurrence. Attach additional pages if necessary.

If question 6 does not apply, initial here: _____

DATE(S) OF OCCURRENCE (MM/DD/YYYY)	JURISDICTION	INVOLVEMENT IN SITUATION OR TRANSACTION AND DETAILED DESCRIPTION

7. Set forth any other information that may affect your suitability for licensure. Attach additional pages if necessary.

If question 7 does not apply, initial here: _____

VERIFICATION

STATE OF _____ SS:

COUNTY OF _____

I, _____ BEING FIRST DULY SWORN UPON OATH OR AFFIRMATION, DEPOSE AND STATE:
PRINTED NAME OF APPLICANT

- (1) I AM THE INDIVIDUAL WHO IS SUBMITTING THIS APPLICATION.
- (2) I PERSONALLY SUPPLIED THE INFORMATION CONTAINED IN THIS APPLICATION.
- (3) I SWEAR (OR AFFIRM) THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____ , _____ YEAR .
DAY MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES (MM/DD/YYYY)

COUNTY OF RESIDENCE

PLACE NOTARY SEAL/STAMP ABOVE

INDIVIDUAL'S REQUEST TO RELEASE INFORMATION (PAGE 1 OF 2)

TO: _____

FROM: _____

PRINTED NAME OF APPLICANT

1. I HEREBY AUTHORIZE AND REQUEST ALL PERSONS OR ENTITIES TO WHOM THIS REQUEST IS PRESENTED HAVING INFORMATION RELATING TO OR CONCERNING ME TO FURNISH SUCH INFORMATION TO A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION, WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTION, STATUTORY OR OTHER LEGAL PRIVILEGE.
2. I HEREBY AUTHORIZE AND REQUEST ALL PERSONS OR ENTITIES TO WHOM THIS REQUEST IS PRESENTED HAVING DOCUMENTS RELATING TO OR CONCERNING ME TO PERMIT A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION TO REVIEW AND COPY ANY SUCH DOCUMENTS, WHETHER OR NOT SUCH DOCUMENTS WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY OR OTHER LEGAL PRIVILEGE.
3. IF THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED IS A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR ANY OFFICER OF SAME, I HEREBY AUTHORIZE AND REQUEST THAT A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS OR CORRESPONDENCE PERTAINING TO ME, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES CO-SIGNED BY ME, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.
4. I DO HEREBY MAKE, CONSTITUTE, AND APPOINT ANY DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION MY TRUE AND LAWFUL AGENT FOR ME IN MY NAME, PLACE, STEAD, AND ON BEHALF AND FOR MY USE AND BENEFIT IN THE RETRIEVAL OF INFORMATION, WHETHER OR NOT SUCH INFORMATION IS CONSIDERED CONFIDENTIAL, BUT ONLY IN CONNECTION WITH THE LAWFUL BACKGROUND INVESTIGATION REQUIRED TO ASCERTAIN MY SUITABILITY FOR A GAMING LICENSE. I DO HEREBY AUTHORIZE SAID AGENT:
 - (a) TO REQUEST, REVIEW, COPY, SIGN FOR, OR OTHERWISE ACT ON MY BEHALF FOR INVESTIGATIVE PURPOSES WITH RESPECT TO DOCUMENTS AND INFORMATION IN THE POSSESSION OF THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AS I MIGHT;
 - (b) TO NAME THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND INSERT THAT PERSON'S OR ENTITY'S NAME IN THE APPROPRIATE LOCATION ON THIS REQUEST;
 - (c) TO PLACE THE NAME OF THE INDIANA GAMING COMMISSION AGENT PRESENTING THIS REQUEST IN THE APPROPRIATE LOCATION ON THIS REQUEST.
5. I GRANT TO SAID AGENT FULL POWER AND AUTHORITY TO REQUEST, REVIEW, COPY, AND PERFORM ALL AND EVERY ACT AND THING WHATSOEVER REQUISITE, PROPER, OR NECESSARY TO BE DONE, IN THE EXERCISE OF ANY OF THE RIGHTS AND POWERS TO GATHER INFORMATION HEREIN GRANTED, AS FULLY AS TO ALL INTENTS AND PURPOSES AS I MIGHT OR COULD DO IF PERSONALLY PRESENT, WITH FULL POWER OF SUBSTITUTION OR REVOCATION, HEREBY RATIFYING AND CONFIRMING ALL THAT SAID AGENT, OR HIS SUBSTITUTE OR SUBSTITUTES, SHALL LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS AUTHORIZATION AND RIGHTS AND POWERS HEREIN GRANTED.
6. THIS AUTHORIZATION ENDS THIRTY-SIX (36) MONTHS FROM THE DATE OF EXECUTION OR AT THE TERMINATION OF ALL LICENSES ISSUED TO APPLICANT/ME BY THE INDIANA GAMING COMMISSION, WHICHEVER OCCURS LATER.
7. I DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED, AND HIS OR ITS AGENTS AND EMPLOYEES FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED OR HIS OR ITS AGENTS OR EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
8. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND HIS OR ITS AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
9. A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AT _____ , _____
CITY STATE

ON THE _____ DAY OF _____ , _____
DAY MONTH YEAR

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____ , _____ .
DAY MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES (MM/DD/YYYY)

COUNTY OF RESIDENCE

PLACE NOTARY SEAL/STAMP ABOVE

RELEASE OF ALL CLAIMS

THE UNDERSIGNED HAS FILED WITH THE INDIANA GAMING COMMISSION ("COMMISSION") CERTAIN FORMS AND DOCUMENTS IN CONNECTION WITH A WRITTEN REQUEST FOR LICENSING BY THE COMMISSION ("APPLICATION"). IN CONSIDERATION OF THE ASSURANCE BY THE COMMISSION A DETERMINATION OF SUITABILITY OF THE UNDERSIGNED WILL BE MADE FOLLOWING THE COMPLETION OF A DELIBERATE, INTENSIVE AND THOROUGH INVESTIGATION OF THE UNDERSIGNED, INCLUDING BUT NOT LIMITED TO BACKGROUND, ASSOCIATES, AND FINANCES, THE UNDERSIGNED DOES FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE THE STATE OF INDIANA, THE COMMISSION, ITS MEMBERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH THE UNDERSIGNED EVER HAD, NOW HAS, MAY HAVE, OR CLAIM TO HAVE AGAINST ANY OR ALL OF SAID ENTITIES OR INDIVIDUALS ARISING OUT OF OR BY REASON OF THE PROCESSING OR INVESTIGATION OF OR OTHER ACTION RELATING TO THE APPLICATION.

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AT _____ , _____
CITY STATE

ON THE _____ DAY OF _____ , _____
DAY MONTH YEAR

SIGNATURE OF APPLICANT

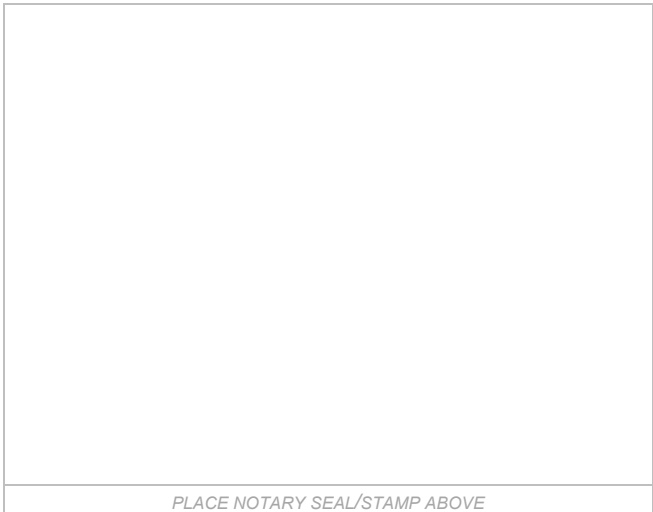
PRINTED NAME OF APPLICANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS _____ DAY OF _____ , _____ .
DAY MONTH YEAR



PLACE NOTARY SEAL/STAMP ABOVE

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

DATE COMMISSION EXPIRES (MM/DD/YYYY)

COUNTY OF RESIDENCE

PAGE TO BE RETAINED BY APPLICANT

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.

Updated 03/30/2018

Agency Privacy Requirements for Noncriminal Justice Applicants

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an Applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the Applicant is provided certain notices and that the results of the check are handled in a manner that protects the Applicant's privacy. All notices must be provided in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each Applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the Applicant submits his/her fingerprints and associated personal information.²
- Officials must advise all Applicants in writing that procedures 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>.
- Officials must provide the Applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the Applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

The FBI has no objection to officials providing a copy of the Applicant's FBI criminal history record to the Applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the Applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the Applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the Applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist state and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Updated 11/06/2019

¹ Written notification includes electronic notification but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

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Noncriminal Justice Applicant's Privacy Rights

As an Applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an Application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

Updated 11/06/2019

¹ Written notification includes electronic notification but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).