

## FBI Fingerprint Background Check Consent with Fieldprint

I HAVE or HAVE NOT been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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I AM or AM NOT currently under deferred adjudication for a charge.

If currently under deferred adjudication, describe the crime(s) and the particulars of the conviction(s) in the space below:

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I DO or DO NOT have any pending charges.

If pending charges, describe the particulars of the pending charge(s) in the space below:

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I am a current or prospective (circle one): EMPLOYEE    AMERICORPS MEMBER

I certify that all information I have provided in relation to this criminal history record check is true and accurate.

I authorize Fieldprint, Inc., to collect and submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to obtain criminal history record information about me.

I authorize Fieldprint, Inc., to access federal criminal history record information that pertains to me and disseminate that information to the Corporation for National and Community Service (CNCS).

I authorize Fieldprint, Inc., to recommend an adjudication, based solely on the criteria set by CNCS, to CNCS and the organization to which I have applied to determine eligibility for work or service pursuant to 42 U.S.C. 12645g.

I authorize the FBI to disclose any information it maintains to CNCS during the processing of this criminal history record check and for as long hereafter as may be relevant to the activity for which this criminal history record check is being conducted.

I understand that I will have a reasonable opportunity to challenge the factual accuracy of the information

on which a result is based before a final determination is made by the organization requesting this criminal history check as to whether I am eligible to work or serve.

I also understand that \_\_\_\_\_ requesting this criminal history check may  
(AmeriCorps Program)

determine that I am ineligible to work or serve in a program funded by CNCS based on the results of this check.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_