



**BACKGROUND CHECK CONSENT FORM / FINGERPRINTING REQUEST**

Please return a **SIGNED** copy of this form to: **Arkansas Department of Education**

By secure file link: (contact Clara Toney 501.683.3127) OR

By mail: ATTN: Licensure Unit / Background Checks, Four Capitol Mall, Box 20; Little Rock, AR 72201

**READ AND FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.**

**A. EMPLOYER OR LICENSED APPLICANT:**

<b>1. Reason Requested</b> <b>CHECK THE CORRECT BOX</b>	<b>State Statute:</b>	<b>Requestor/ Agency ID :</b>
<input type="checkbox"/> Licensed (Teacher) - 1st time applicant	Ark. Code Ann. § 6-17-410	EDC - AR920080Z
<input type="checkbox"/> Licensed (Teacher) – Renewal	Ark. Code Ann. § 6-17-410	EDC - AR920080Z
<input type="checkbox"/> Licensed (Teacher) - Transfer employment	Ark. Code Ann. § 6-17-411	EDC - AR920080Z
<input type="checkbox"/> Classified Employee	Ark. Code Ann. § 6-17-414	EDN - AR920140Z
<input type="checkbox"/> Fiscal Officer	Ark. Code Ann. § 6-17-421	EDF - AR920623Z

**2. Agency Name: ARKANSAS DEPARTMENT OF EDUCATION**

**3. Employer** (School District, Charter School, Cooperative, Educator Preparation Program, etc.) **4. Authorized Signature of Employer Representative**  
X \_\_\_\_\_

<b>5a. Applicant's Last Name</b>	<b>5b. Applicant's First Name</b>	<b>5c. Middle Initial</b>	<b>5d. Suffix</b>
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**B. APPLICANT INFORMATION:**

**6.** Any Alternative Names, Last Names, Former/Maiden Names, or Aliases (optional)

**7. Place of Birth (State or Country)**      **8. Date of Birth**      **9. Social Security Number**

**10. Driver License State**      **11. Driver License Number**

**12. Address**

**13. City**      **14. State**      **15. ZIP Code**

**16. Sex**      **17. Race\***      **18. Height**      **19. Weight**      **20. Eye Color\***      **21. Hair Color\***

**22. Telephone Number**      **23. Email Address**

**\*USE THE 3-DIGIT CODES ON THE REVERSE SIDE OF THIS APPLICATION**

**C. FINGERPRINTING:**

**24. Date Printed**      **25. Picture ID Type Presented**

**26. Transaction Control Number (TCN)**      **27. Livescan Operator or Officer Conducting Fingerprinting**

- By my signature below, I certify that the information provided herein is true and correct.
- I understand the personal information and fingerprints submitted by fingerprint card or livescan are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the ARKANSAS DEPARTMENT OF EDUCATION.
- I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.
- I have received and read the NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS and the PROCEDURE TO OBTAIN CHANGE, CORRECTION, OR UPDATING OF IDENTIFICATION RECORDS.

**Applicant Signature: X**      **Date:**

**NOTARY ACKNOWLEDGEMENT** (required ONLY if this form is MAILED to the Arkansas State Police)  
Acknowledged before me, a notary public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
Signed: \_\_\_\_\_ SEAL:

**ARKANSAS DEPT. OF EDUCATION - BACKGROUND CHECK CONSENT FORM / FINGERPRINTING REQUEST**

**PROCEDURE FOR CRIMINAL HISTORY CHECK:**

1. **EMPLOYER OR LICENSED APPLICANT:** Complete Section A of this Background Check Consent Form/ Fingerprint Request. An authorized employer representative must **sign** at Space A.4.
  - An educator seeking a first-time license may complete the employer section and check Licensed (Teacher) - 1st time applicant and skip Space A.4.
  - An educator seeking license renewal may complete the employer section and check Licensed (Teacher) - Renewal and skip Space A.4.
  - An educator preparation program should complete the form in the same manner as an employer, including the employer representative signature.
2. **APPLICANT:** Complete Section B of this Background Check Consent Form/Fingerprint Request in its entirety and **sign** – **SEE INSTRUCTIONS BELOW**
3. A notary’s acknowledgement is required if this form will be mailed to the Arkansas State Police.
4. Payment must accompany the submission of this form as follows:

**All Arkansas employers or applicants** - Initiate the background check **online** ([www.ar.gov/ADEbackground](http://www.ar.gov/ADEbackground)). **Employers (subscribers)** will be billed. **Individual applicants** will use a debit or credit card for:

\$22.00 (state criminal history record check)  
 \$15.75 (national criminal history record check)  
 \$ 2.00 (online transaction fee)  
 \$39.75 TOTAL

**Out-of-State applicants** - Initiate the background check by **mail or in person** at Arkansas State Police Headquarters or a local law enforcement office **using the Department of Education form/fingerprint card (obtained from the Department)**, and pay by a check or money order for:

\$25.00 (state criminal history record check)  
 \$14.75 (national criminal history record check)  
 \$39.75 TOTAL

FOR LIVESCAN FINGERPRINTING	FOR INKED FINGERPRINTING
At Education Service Cooperative or the Dept. of Education:	At Arkansas State Police headquarters or local law enforcement:
Bring this entire form; Bring a copy of the online receipt, if paid for online, which has a required TRANSACTION NUMBER; and Bring Government-issued photo identification	Bring this entire form; In-state applicants, bring a copy of the online receipt, which has a required TRANSACTION NUMBER Bring a completed <b>DEPT. OF EDUCATION FINGERPRINT CARD</b> ; and Bring Government-issued photo identification
<b>FOR QUESTIONS, CONTACT:</b> <b>ADE Licensure Unit / Background Checks</b> <b>501-682-4342</b>	<b>Out-of-state applicants:</b> <b>1) Mail a signed copy of this form to the Dept. of Education at the address shown on the front of this form.</b> <b>AND</b> <b>2) RETURN THIS FORM (notarized), PAYMENT, AND DEPT. OF EDUCATION FINGERPRINT CARD TO:</b> Arkansas State Police, Identification Bureau #1 State Police Plaza Drive, Little Rock, AR 72209

**IMPORTANT!**  
 SUBMIT FINGERPRINTS WITHIN **FOURTEEN (14) DAYS** OF INITIATING THE BACKGROUND CHECK. IF YOU DO NOT, **YOU WILL HAVE TO PAY AGAIN** FOR THE NATIONAL CRIMINAL HISTORY RECORD CHECK.

# ARKANSAS DEPT. OF EDUCATION - BACKGROUND CHECK CONSENT FORM / FINGERPRINTING REQUEST

## **Instructions for completing this form or fingerprint card:**

The FBI requires a classifiable set of your fingerprint impressions. Your livescan or fingerprint card will be rejected otherwise. Please type or print clearly in black ink.

Space A.1: Check the appropriate reason for fingerprinting.

Space A.2 (Employer): Enter the school district, education service cooperative, public charter school, educator preparation program, or the Department of Education.

Space A.3 (Employer Signature): Signed by the authorized representative of the employer.

Space B.5 (Alternative Names): List here any maiden name, former married name, or other former name.

Space B.17 (Race): A=Asian B=Black I=American Indian W=White U=Unknown/Other

Space B.20 (Eye Color): BLU=Blue GRY=Gray MAR=Maroon BRO=Brown GRN=Green

BLK=Black HAZ=Hazel PNK=Pink XXX=Unknown

Space B.21 (Hair): BLK=Black GRY=Gray BLN=Blonde BRN=Brown RED=Red

SDY=Sandy WHI=White XXX=Unknown BAL=Bald (This is NOT Blonde)

## **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 a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 job, license, or other benefit based on information in the criminal history record.<sup>2</sup>
- 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.<sup>3</sup>

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 <http://www.fbi.gov/about-us/cjis/background-checks>.

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. 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.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a (b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## **Procedure to obtain change, correction or updating of identification records**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/ her challenge as to the accuracy or completeness of any entry on his/her record to:

**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 Sec. 16.34 [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order No. 2258-99, 64 FR 52226, Sept. 28, 1999]