



**SHERRI YBARRA**  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

650 W. STATE STREET  
P.O. BOX 83720  
BOISE, IDAHO 83720-0027

OFFICE: 208-332-6800  
FAX: 208-334-2228  
SPEECH/HEARING  
IMPAIRED: 1-800-377-3529

**Applicant - please complete BOTH sides of form**

Applicant Name	
Date of Birth	

## Instructions for Handling Fingerprint Cards

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### To be used by authorized finger printer only beyond this line

The person presenting you with this fingerprint card will be using it for the purpose of either applying for an Idaho teaching credential or to become a school employee. In order to assure proper handling of this card by the applicant and to avoid an incomplete or improper application, please answer the following questions. Please sign this form and attach it to the fingerprint card.

1. \_\_\_\_\_ Has the applicant filled out the personal information on the fingerprint card to include: name (including aliases), complete mailing address, social security number, citizenship, date of birth, and personal information (sex, race, etc.)?
2. \_\_\_\_\_ Have you verified the ORI information located directly above the Sex/Race/HGT fields: ID920170Z, Dept of Edu, Boise, ID. This information **must** be clearly identified in the ORI field.
3. \_\_\_\_\_ Have you made a positive identification of this applicant using at least one form of photo identification, such as a photo driver's license, Division of Motor Vehicles photo identification card, military identification card, etc.?
4. \_\_\_\_\_ Have you signed and dated the fingerprint card on the appropriate line?

\_\_\_\_\_  
AUTHORIZED FINGERPRINTER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name (Please print or type)

\_\_\_\_\_  
Police Agency/School District/Institution

**PLEASE DON'T FORGET TO SIGN THE FINGERPRINT CARD**

Revised 1/15



# Idaho State Police

## Bureau of Criminal Identification



### NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from Idaho Department of Education that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- **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.**
- **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 being denied the job, license, or other benefit based on information in the criminal history record.**
- **Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.**

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. 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 at the same website address as provided above. 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 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

[http://www.isp.idaho.gov/identification/crime\\_history/FrequentlyAskedQuestions-CriminalRepository.html](http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html)

*Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.*

I do  do not  want a copy of the Privacy Act Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
EDUID NO/DOB