

Mississippi State Department of Health

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 notification¹ 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 CCFR), 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.²

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

The Mississippi State Department of Health will provide you with a copy of your Mississippi and FBI criminal history record for review and possible challenge. Should you lose or misplace the provided record, you may obtain a copy from MSDH by submitting a request for the duplicate record which includes appropriate identifying information and a \$15 fee.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the state 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 state 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.)

Your signature on the fingerprint card and/or this document indicates that you have been informed of your privacy rights and understand that your fingerprints are being run through the criminal history records of the FBI.

Date _____ **Applicant's Signature** _____

¹ Written notification includes electronic notification but excludes oral notification.

² See 28 CFR 50.12(b).

³ 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).

Fingerprint Applicant Information Form for LiveScan

Date: _____

Applicant: _____
Last Name First Name Middle Name

Aliases (AKA): _____

Date of Birth (DOB): _____ Place of Birth (POB): _____
Month Day Year

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Mailing Address: _____
Street or PO City State Zip

Citizenship (CTZ): _____ Social Security Number (SOC): _____

Facility Name: _____

Facility Address: _____
Street or PO City State Zip

Reason for Fingerprints:

Healthcare (43-11-13 ORI-MS920500Z)

Childcare (43-20-8 ORI-MS920080Z)

_____ Facility Code

Signature of Person Fingerprinted

MS SAFER

(Mississippi Screening Assurance for Employee Enrollment and Registries)

Fingerprint Authorization Form

MS SAFER Criminal History Fingerprint Check

143B LeFleurs Square

Jackson, MS 39211

Phone: 601-364-1102

Website: <http://www.msdh.ms.gov>

Letter Generated

Date: _____

Applicant: _____

Last Name

First Name

Middle Name

Date of Birth (DOB): _____

Month Day Year

Social Security Number (SSN): _____

Facility Name: _____

Facility Address: _____

Street or PO

City

State

Zip

Reason for Fingerprints:

Healthcare (43-11-13 ORI-MS920500Z)

Childcare (43-20-8 ORI-MS920080Z)

Medical Cannabis (42-SB-2095 ORI-MSITN5000)

Facility ID Code: _____

Determination ID: _____

Signature of Person Fingerprinted: _____

By checking this box, I affirm that the applicant understands the he/she is giving the Mississippi State Department of Health permission to conduct a state and national criminal history record check.