



**Idaho State Police  
Bureau of Criminal Identification**



**Criminal History Record Checks  
Under the National Child Protection Act of 1993, as amended**

**WAIVER AGREEMENT AND STATEMENT FOR QUALIFIED ENTITIES TO REQUEST STATE AND FBI  
CRIMINAL HISTORY CHECKS**

**REGARDING:**

Applicant's name: \_\_\_\_\_

Applicant's current address: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_ Applicant's social security number: \_\_\_\_\_

I hereby authorize (Name of Qualified Entity) \_\_\_\_\_  
to submit a set of my fingerprints to the Idaho State Police, Bureau of Criminal Identification, for the purpose of  
accessing and reviewing Idaho and national criminal history records that may pertain to me.

Check appropriate box: 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that, until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the Qualified Entity will provide me a copy of the criminal history background report, if any, they receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report;

I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status as an employee, volunteer, contractor, or subcontractor.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

\_\_\_\_\_  
Signature of Prospective Employee, Volunteer, Contractor, Subcontractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date