



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