

CONSENT AND FULL RELEASE FOR FINGERPRINTING AND CRIMINAL BACKGROUND CHECK

Fingerprints you submit will be used to check the criminal history records information of the FBI. You have the right to challenge the accuracy of the information on the FBI record. Should you choose to challenge the accuracy of your record, you will be afforded a reasonable amount of time to correct or complete the record before you are denied a job, license, or other benefit based on the information in the criminal history. If you decline to do so, you need do nothing. 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). This report will be used for authorized purposes only, and will be processed by the University of Mississippi Medical Center Human Resources Department, 2500 North State Street, Jackson, MS 39216-4505. You may request a copy of your FBI criminal history record information. Such information will be provided to you at no cost within 30 days after receiving your request in writing. *You are not required to share your criminal history record information with any private entity or other third-party.* This information will be provided by University of Mississippi Medical Center Human Resources where you were fingerprinted. Upon your request, the University of Mississippi Medical Center will provide additional details regarding your screening report, including the names of specific resources used to gather information, such as courts, schools, public record databases, previous employers, commonly accepted data sources and individuals.

PRINT Name _____ Date of Birth _____

Other Last Name(s) Used _____

Social Security Number _____ Phone _____

Physical Address _____

City _____ State _____ Zip Code _____

PRINT Active Email Address _____

By signing below I authorize UMMC to conduct a criminal background check as may be required. I acknowledge that I have been informed of the Non-Criminal Justice Applicant Privacy Rights and I understand my fingerprints will be run through the criminal history records of the FBI. I acknowledge that this disclosure is available online and that I may request a paper copy. I hold harmless any person or entity providing information about me in response to UMMC's request. I understand that correspondence, including any Criminal History Record Information and "Clearance Letter", if issued, may be sent to me by UMMC email. The email address I have provided is an active email address. Only I have access to that mailbox content. I also understand that I am responsible for checking the email account I provided, including my SPAM folder for any UMMC related correspondence.

Signature _____ Date _____

For HR Use Only

Reason: ☐ Pre-Employment ☐ UMMC Student ☐ Non-Employee ☐ Volunteer ☐ Affiliated Student

Group/Department/School: _____

Payment: ☐ N/A ☐ Cash ☐ Credit/Debit ☐ Billed to: _____ ☐ IDI from: _____