\*PLACE THIS ON YOUR AGENCY’S LETTERHEAD

# VERMONT CRIME INFORMATION CENTER FINGERPRINT AUTHORIZATION CERTIFICATE

**\*\*\*APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff ***WILL NOT*** submit your fingerprints to VCIC for processing without this form.\*\*\*

\* Agency Code:

REASON FINGERPRINTED: (CHECK ONLY ONE)

Adoption Education NCPA–Employment NCPA–Volunteer Secretary of State

NAME:

Last First Middle

MAIDEN/OTHER NAMES:

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GENDER: FEMALE MALE OTHER

PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town State Country

TELEPHONE NUMBER:

In addition to Vermont, I have resided or been employed in the states circled below:

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT NB(NE) NV NH NM OH OR RI SC TN UT WV WY

**I certify that I have read the Privacy Act Statement attached and acknowledge the authority, purpose and uses for which my fingerprints are being taken as described in that statement.**

Applicant Signature:

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: Date:

Print Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# IDENTIFICATION CENTER USE ONLY:

**TVT: Date Printed:**

**ATTN: ID Center’s the following fields are required \* before prints can be taken**

**Privacy Act Statement**

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and

associated information is generally authorized under 28 U.S.C. 534. Depending on the

nature of your application, supplemental authorities include Federal statutes, State

statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal

regulations. Providing your fingerprints and associated information is voluntary;

however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security

clearances, may be predicated on fingerprint-based background checks. Your

fingerprints and associated information/biometrics may be provided to the employing,

investigating, or otherwise responsible agency, and/or the FBI for the purpose of

comparing your fingerprints to other fingerprints in the FBI’s Next Generation

Identification (NGI) system or its successor systems (including civil, criminal, and latent

fingerprint repositories) or other available records of the employing, investigating, or

otherwise responsible agency. The FBI may retain your fingerprints and associated

information/biometrics in NGI after the completion of this application and, while

retained, your fingerprints may continue to be compared against other fingerprints

submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your

fingerprints and associated information/biometrics are retained in NGI, your information

may be disclosed pursuant to your consent, and may be disclosed without your consent as

permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be

published at any time in the Federal Register, including the Routine Uses for the NGI

system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to,

disclosures to: employing, governmental or authorized non-governmental agencies

responsible for employment, contracting, licensing, security clearances, and other

suitability determinations; local, state, tribal, or federal law enforcement agencies;

criminal justice agencies; and agencies responsible for national security or public safety.