MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant’s Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (enter name of Qualified Entity) Superior Central School District, to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

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

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<tr>
<th>Printed/Typed Name</th>
<th>Date of Birth</th>
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<tr>
<td>Address</td>
<td>City</td>
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What is your current or prospective status (check one)?
- [ ] Employee  - [ ] Volunteer  - [ ] Contractor/Vendor

Have you ever been convicted of a crime?
- [ ] Yes  - [ ] No

If yes, please provide a description of the crime and the particulars of the conviction.

I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.

If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below.
- [ ] Yes  - [ ] No

Name of Other Qualified Entity

Signature

Date Signed

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
# LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST

**AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273  
**COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.  
**Instructions:** See page two.

## I. Authorizing Information:

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<tr>
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<td>10419K</td>
<td>Superior Central School</td>
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## II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.

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<tr>
<th>1a. Last Name</th>
<th>1b. First Name</th>
<th>1c. Middle Initial</th>
<th>1d. Suffix</th>
<th>2. Any Alternative Names, Last Names, or Aliases</th>
<th>3. Social Security Number (Optional)</th>
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<th>4. Place of Birth (State or Country)</th>
<th>5. Date of Birth</th>
<th>6. Phone Number</th>
<th>7. Driver's License / State ID Number</th>
<th>8. Issuing State</th>
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## III. Livescan Information:

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<th>1. Date Printed</th>
<th>2. Picture ID Type Presented</th>
<th>3. Transaction Control Number (TCN)</th>
<th>4. Livescan Operator*</th>
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## IV. Consent

I understand that my personal information, and biometric data being submitted by Livescan, will be used to search against identification records from both the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI) for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI’s Next Generation Identification.

Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Signature**  
**Date**
Procedure to obtain a change, correction, or update of identification records:
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/hers challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
(28 CFR § 16.34)

INSTRUCTIONS

Section I.
Authorizing Information:
This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:
The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):
The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:
The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (optional)
Is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II.
Applicant Information:
This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III.
Livescan Information:
This section is required to be completed by the Livescan vendor operator. Must be completed by the Livescan operator at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Livescan operator must return a completed copy of the form to the applicant.

*Livescan Operator – when an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Livescan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.
APPEAL PROCESS
for
Criminal History Record Information Challenge or Correction

Pursuant to federal statute, an individual may challenge the accuracy or completeness of any entry on his or her Criminal History Record Information (CHRI) response returned. Applicants wishing to challenge or correct his or her record must:

- Request an appointment with the Superintendent within 5 days of having my CHRI response reported to me, if not proclaimed at the time of denial.

- Be given 30 days to rectify any questioned information within his or her record.

Superior Central School District will provide you with a copy of your CHRI response upon request. Wherein, you will need to make contact directly to the agency which contributed to the information in question. You can identify as to who the contributing agency is as it will be identified in your CHRI response.

Any challenge or correction progress conducted beyond the allotted time frame provided will only be considered at the discretion of Superior Central School District.

If you are unable to resolve the information in question through this method, you may contact for an:

Out of State Record
Contact directly and make application to the FBI Criminal Justice Information Services (CJIS) Division, Attn: SCU, Mod. D2 1000 Custer Hollow Road, Clarksburg, WV 26306. Visit the FBI Website for more details, http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/order.

In State Record
Contact directly the Michigan State Police at (517) 241-0606 or by e-mail at MSP-CRD-APPLHELP@michigan.gov. Please provide your name, method of contact, and reason behind your challenge or correction request (in detail).

As the applicant wishing to challenge or correct your record, it is your responsibility to keep Superior Central School District informed of any progress during this process.

Upon successful completion of a challenge or correction, the applicant may request from the Michigan State Police, Criminal History help desk, (517) 241-0606 his or her updated record to be forwarded to Superior Central School District.

I _____________________________ understand and agree to the terms and conditions set forth. I will work diligently to resolve any questioned information of my CHRI response and report back immediately to Superior Central School District. I further acknowledge that I received a copy of the Superior Central School District Appeal Process and a copy of my CHRI response (if requested).

Signature ______________________ Date ____________