



**COLORADO**  
**Bureau of Investigation**  
Department of Public Safety

Identification Unit  
690 Kipling Street, Suite 3000  
Denver, CO 80215  
303-239-4208

## NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, **YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.**

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at [www.colorado.gov/cbi](http://www.colorado.gov/cbi).

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at [www.fbi.gov](http://www.fbi.gov).

The [U.S. Department of Justice Order 556-73](#) establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

**Who May Request a Copy of a Record (or Proof That a Record Does Not Exist)**  
Only you can request a copy of your own Identification Record.

### **How to Request a Copy of Your Record**

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist.

Option 1: [Submit your request directly to the FBI.](#)

Option 2: Submit to an [FBI-approved Channeler](#), which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBICJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

**AGENCY INSTRUCTIONS: To comply with federal law, provide a copy of this document to each applicant fingerprinted.**



# Colorado Bureau of Investigation

## Privacy Act Notification



I, \_\_\_\_\_ state that on

(Full Name of Applicant)

\_\_\_\_\_, I was fingerprinted by \_\_\_\_\_

(Date)

(Fingerprint Examiner)

and have received a copy of the Privacy Act Notification. I understand that my fingerprints will be retained by the Colorado Bureau of Investigation and the Federal Bureau of Investigation.

## Privacy Act Notification

**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. **[If other agencies are involved in processing this application, they may have additional routine uses; specifically, some state agencies may share potentially pertinent information, including criminal history information between and among other employing, investigating, or otherwise responsible agencies within that state.]**

**VECHS WAIVER AGREEMENT AND STATEMENT**  
**Volunteer and Employee Criminal History Service**  
For criminal history record information pursuant to the *National Child Protection Act of 1993 (NCPA)*, as amended by the *Volunteers for Children Act (VCA)*, and the *Adam Walsh Child Protection and Safety Act of 2006*

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

I hereby authorize Crossroads Church  
*Name of Qualified Entity*

to submit a set of my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I understand that I would be able to receive any Colorado records and any national criminal history record received by the requesting agency from the Federal Bureau of Investigation (FBI) pursuant to Title 28 Code of Federal Regulations (CFR) Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Colorado and national criminal history record that may pertain to me to the qualified entity.

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, received 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 timely determination as to the validity of my challenge before a final decision is made.

**Yes, I have** (OR)  **No, I have not been convicted of or plead guilty to a crime.**  
If yes, please describe the crime(s) and the particulars:

I am a current or prospective (circle one): Applicant / Employee / Volunteer / Contractor or Vendor

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

To Be Completed By Qualified Entity:

Entity Name Crossroads Church

Address 10451 Huron Street, Northglenn, CO 80234

Telephone 303-452-5332

**Note: This document must be retained by the agency / qualified entity for audit purposes.**