

FINGERPRINT VERIFICATION FORM

ATTENTION: Fingerprint Technician

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. *Do not give the applicant the card without first sealing it inside the envelope.*

I. Fingerprint reason			
1. Requestor/Agency ID 17-87-312	2. Agency Name Arkansas State Board of Nursing		
II. Application information: Type or clearly print answers to all fields before going to be fingerprinted.			
1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names Or Aliases (optional)			
3. Date of Birth		4. Social Security Number (optional)	
5. Driver License State		6. Driver License Number	
7. Address			
8. City		9. State	10. Zip code
III. Technician Information: Type or clearly print answers to all fields at the fingerprinting site.			
1. Date printed		2. Name of Fingerprint Technician (print)	
3. Fingerprint Technician's Agency/Company Name		4. Fingerprint Technician Signature	
5. Type of photo ID provided (check one): <input type="checkbox"/> Driver's License/MVD Issued ID <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Passport			

Applicant sign on page 2

I understand that my personal information and fingerprints submitted by agency are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.

Applicant Signature _____ Date _____

28 CFR § 16.30 through 16.34 - Procedure to obtain change, correction, or updating of identification records.

If, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wish 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/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Service (CJIS) Division, and 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.

**Ensure that the correct fingerprinting reason code and agency ID are used.