



RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

This form must be signed by the applicant for a background check and must be maintained in the individual's personnel file. If requested by the department, the form must be provided within 24 hours.

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

I, _____, understand that upon submission of my fingerprints will be used to check the criminal history records of Alaska and of the Federal Bureau of Investigations (FBI).

I, _____, understand that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Printed Name of Applicant (must be legible)

Date

Signature of Applicant

Applicant's SSN

Parent Printed Name, if applicable (must be legible)

Parent Signature.