

**Fingerprint Procedures  
for  
Fontbonne University  
classes held in local  
school districts**

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV9c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



## Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

*Applicant Fingerprint Form for State and FBI Criminal History Background Checks*

### Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency ORI: \_\_\_\_\_ Agency OCA: \_\_\_\_\_

### Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact 3M Cogent directly at 1-877-862-2425 to have a Fingerprint Services Representative conduct the registration on your behalf.

#### **MACHS Registration Instructions:**

1. Log-on to [www.machs.mo.gov](http://www.machs.mo.gov)
2. Click on the "blue box" MACHS Fingerprint Search Portal
3. Click on the "blue box" to Register with MACHS
4. In the yellow-highlighted box, **enter your agency 4-Digit Registration Number and hit "enter"**
5. Enter your personal information.
6. At the Missouri Background Check Fingerprint Summary **verify** all personal data and agency information before proceeding. If all information entered is accurate and complete, click **Complete Registration**. This will take you to the fingerprint services vendor for further processing to include payment and to select a fingerprint location. Please note your **Transaction Control Number (TCN)**. **The TCN will be required at the time of fingerprinting to confirm your MACHS registration data.**

Your processing fee is automatically calculated based on the 4-digit registration number that you provide. Fees are either paid at the time of registration or are payable to 3M Cogent at the time of fingerprinting unless a billing account has been established by your agency. Upon completion of the fingerprint appointment, 3M Cogent will transmit your fingerprint background check request to the Missouri State Highway Patrol (MSHP) for processing through the state and FBI. The results of the search will be provided to the authorized agency within 5 to 10 business days.

### Section Three: Registration Confirmation (for applicant or agency use)

Applicant Name: \_\_\_\_\_

TCN (Confirmation Number) \_\_\_\_\_

Date Prints Taken \_\_\_\_\_



Missouri State Highway Patrol  
Criminal Justice Information Services Division (MSHP-CJISD)

## WAIVER AGREEMENT AND STATEMENT

### Missouri VECHS Program

Missouri Volunteer and Employee Criminal History Service (MOVECHS)

Pursuant to the National Child Protection Act, as amended by the Volunteers for Children Act (NCPA/VCA), this form must be completed and signed by every current or prospective applicant for whom fingerprint-based criminal history records are requested by an Authorized Recipient (AR).

I, the undersigned, hereby authorize \_\_\_\_\_  
*Name of Authorized Recipient (AR)*

to submit a set of my fingerprints to the MSHP-CJISD and Federal Bureau of Investigation (FBI) 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 Missouri record from the MSHP-CJISD, and any national criminal history record from the FBI pursuant to 28 CFR Sections 16.30-34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Missouri and national criminal history record that may pertain to me to the AR.

I understand that, until the criminal history background check is completed, the AR may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the AR may 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 prompt 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: \_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

The AR may share/disseminate my criminal history record information with other authorized recipients only after confirming that the recipient has a signed user agreement on file with the MSHP-CJISD and the dissemination is in accordance with state and federal law.

☐ **Yes** ☐ **No**

ORI/OCA or MACHS Number: \_\_\_\_\_

*This document must be retained by the AR and is subject to audit by the MSHP-CJISD and FBI.*

**Return to Rick Gwydir - East 235**

## **Consent and Confidentiality Form**

As part of an ongoing effort to ensure the safety and welfare of students and staff, many school districts require that any individual who teaches, supervises, or has access to students in schools undergo an FBI background check, a criminal record check, child abuse/neglect screening, TB tests and/or other screenings. Therefore, the Fontbonne University Teacher Education Unit requires every student engaged in clinical experiences in the preservice teacher certification programs to complete these background checks prior to placement in any school.

The results of the FBI fingerprint check, criminal record checks, child abuse/neglect screenings and other screenings will be housed in the Department of Education/Special Education. As students are placed in field experiences, schools and/or school districts will be informed that we have received these reports and, if necessary, information will be forwarded to appropriate authorities. Confidentiality will be maintained at all times.

### **Consent Form**

By my signature below, I state that all information provided by me in this statement is true, correct and complete. I consent to the release of any pertinent information to the Fontbonne University Teacher Education Unit, and I hereby authorize representatives of Fontbonne University Teacher Education Unit to maintain results of an FBI fingerprint check, criminal background check with the Missouri State Highway Patrol (or the law enforcement agency in my state of residency), a child abuse/neglect screening through the Missouri Department of Social Services (or appropriate agency in my state of residency), TB testing and/or other health screening. I also give my consent to the release of such information as well as copies of my university transcripts to any school or school district where a clinical experience or student teaching placement is requested.

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Fontbonne ID # \_\_\_\_\_  
(MM/DD/YY) (M/F)

\_\_\_\_ Check if you have requested a background check/screening in the past 12 months.

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

Major \_\_\_\_\_

### **Confidentiality Form**

By my signature below, I state that I will protect the rights to privacy of all students and will not release in written or oral form any personally identifiable information regarding the students. I will not directly or indirectly contact the parents, guardian or students without first receiving written permission to do so from the cooperating teacher. I will abide by the policies of the school in which I am completing my practicum/student teaching.

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

Return this form to Rick Gwydir, East 235