

Fontbonne University

College of Education and
Allied Health Professions



Fingerprint Procedures

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 notification¹ 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.²

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.³

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.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ 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 the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:

1. Log-on to www.machs.mo.gov
2. Click on the "blue box" [Click here to register with the fingerprint portal](#)
3. Click on the "blue box" [Click here to register with MACHS](#)
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click "complete registration." This will redirect you to IDEMIA's website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.

Section Three: Registration Confirmation:

Applicant Name: _____

TCN (Confirmation Number) _____

Date Prints Taken _____

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MISSOURI APPLICANT FINGERPRINT PRIVACY NOTICE

State and Federal RAP Back Privacy Notice

Applicants submitting their fingerprint images to the Central Repository for a fingerprint based criminal record check are advised that their fingerprint images will be retained in state and federal biometrics databases, pursuant to Section 43.540 RSMo. If the submitting agency participates in the State and National RAP Back Programs, fingerprint images will be submitted, searched, and retained for the purpose of being searched against future submissions to the State and National RAP Back programs; fingerprint searcher will also include latent print searches.

The "Missouri RAP Back Program" and the "National RAP Back Program" shall include any type of automatic notification made by the State of Missouri and/or the Federal Bureau of Investigation through the Missouri State Highway Patrol to a qualified entity indicating that an applicant who is employed, licensed, or otherwise under the purview of the qualified entity has been arrested for a reported criminal offense and the fingerprints for that arrest were forwarded to the Central Repository or the Federal Bureau of Investigation by the arresting agency.

By signing the Missouri Applicant Fingerprint Privacy Notice you are acknowledging the receipt and agreeing to the terms of the State and National RAP Back Privacy Notice, the Noncriminal Justice Applicant Privacy Rights, and the Privacy Act Statement.

Signature: _____

Date: _____

Printed Name: _____

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Missouri State Highway Patrol
Criminal Justice Information Services Division

MOVECHS WAIVER AGREEMENT AND STATEMENT

Missouri Volunteer and Employee Criminal History Service (MOVECHS)
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 _____
Name of Qualified Entity

to submit a set of my fingerprints to the Missouri State Highway Patrol (MSHP) 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 records pursuant to 43.540 RSMo from the MSHP, and any
national criminal history record directly 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 Missouri 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 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:

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

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____ SSN (last 4 digits - Optional) _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____

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

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Consent and Confidentiality Form

As part of an ongoing effort to ensure the safety and welfare of students and staff, school districts and agencies may require that any individual who teaches, supervises, or has access to children, elderly, or individuals with disabilities undergo an FBI background check, a criminal record check, child abuse/neglect screening, TB tests and/or other screenings. Therefore, the Fontbonne College of Education and Allied Health Professions requires every student engaged in clinical and practicum experiences complete these background checks prior to placement.

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. When Fontbonne students are placed in clinical, practicum or field experiences, school districts and agencies will be informed that we have received these reports. Reports will not be provided directly to the district or agency but will be provided to the student to convey to the district or agency. Background reports cannot be sent in any electronic form to any district or agency. 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 College of Education and Allied Health Professions, and I hereby authorize representatives of Fontbonne University 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 background clearance status as well as copies of my university transcripts to any school or school district where a clinical experience or practicum 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, clients, individuals and will not release in written or oral form any personally identifiable information regarding the students, clients, or individuals. I will not directly or indirectly contact the parents, guardians, students or caregivers without first receiving written permission to do so from the district or agency. I will abide by the policies of the school or agency in which I am completing my clinical or practicum.

Signature _____ Date _____