State and National Criminal History Record Check
Consent & Notification

At minimum, the below consent & notification must be obtained from each applicant for which fingerprints are submitted to the HCJDC and the FBI. Electronic consent & notification is acceptable. All of the information highlighted is REQUIRED.

Department: Kauai Police Department

Division: Records Division

Position: Firearms Section

Name:

Alias (es):

SSN: Sex: Race:

Height: Weight: Eyes: Hair Color:

Place of Birth: Date of Birth:

Citizenship:

☐ I have not been convicted of a crime.
☐ I have been convicted of the following crime(s):

Describe the crime(s) and the particulars, such as dates, offense, and disposition (attach additional sheets as necessary:

I, undersigned, hereby authorize the Department/Division listed above submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing the state and national criminal history records that may pertain to me. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes used authorized for fingerprint submissions, which may include participation in the state and national rap back program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint based criminal history record check. Should the Department/Division policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correcting, or update of my criminal history record are set for in Title 28, Code of Federal Regulations, and Section 16.34.

I acknowledge that I have read, understand, agree to the FBI Privacy Act Statement.

Signature:_____ Date:_____