

**MINNESOTA BUREAU OF CRIMINAL APPREHENSION**  
**1430 Maryland Avenue East, St. Paul, MN 55106**

I am being asked to provide my fingerprints to the BCA. I understand that my fingerprints will be used primarily for elimination purposes during the routine examination of latent fingerprints as part of crime scene evidence. I further understand that my fingerprints will be entered into the BCA fingerprint repository with a State Identification Number (SID) and an identification record will be created in the BCA Computerized Criminal History (CCH) repository. The CCH identification record will be used to match my SID with personal identifiers such as my name, date of birth and place of employment.

While I may refuse to provide my fingerprints to the BCA and am not legally required to do so, I acknowledge that, as a result of my job duties, if I do not provide my fingerprints they cannot be disassociated from crime scene evidence even though I am not the perpetrator of the crime. If I do provide my fingerprints to the BCA, and if for some reason, I am subsequently arrested and fingerprinted, I acknowledge that my fingerprints and SID will already exist in BCA fingerprint repository to be used for comparison purposes to determine my identity.

Other persons or entities with access to my fingerprints in the BCA repository are authorized users from North Dakota, South Dakota and Minnesota (crime lab personnel outside the BCA), the FBI, third parties via court order, the Office of the Legislative Auditor, and as otherwise authorized by law. If a background check is done at the BCA and the identification record is the only return, the requester will be told that there is no criminal history. However, this identification record will be available to agencies outside the BCA that use queries, including for background checks, with a notation in the comment field that exists for latent print elimination purposes.

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Name (Please print)

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(Date)

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Signature



**Minnesota Department of Public Safety  
Human Resources  
Background Information and Release Forms**

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**MNJIS Access - Fingerprint Attachment/Routing Form (continued)**

If you have ever been arrested, a suspect in any criminal investigation, or charged with a criminal offense, provide the following information. Failure to disclose this information may result in the denial of the access clearance.

<u>Date:</u>	<u>Charge</u>	<u>Police Agency</u>	<u>Action Taken</u>

Have you lived in any state other than Minnesota for more than 6 months during the past ten (10) years? Yes  
 No (Check One) If you answered "Yes" above, please list the name of each state where you have lived for more than 6 months and the reason you lived in that state. This would include reasons such as employment, attending school, military service etc. Include the information for the last ten (10) years.

<u>State of Residence</u>	<u>County Resided Reason</u>	<u>From - To (Years)</u>

**FOR AGENCY USE ONLY**

Department Name if Not DPS \_\_\_\_\_  
 Divison/Agency: \_\_\_\_\_  
 Hiring Supervisor: \_\_\_\_\_  
 Applicant is: Contractor \_\_\_ Agency Employee \_\_\_ Other (describe) \_\_\_\_\_

**Checks to Be Completed**

<input checked="" type="checkbox"/> Take/Receive Fingerprints:			
Results	Date		Initials
<input type="checkbox"/> MN Criminal History (name/dob)			
Results	Date		Initials
<input checked="" type="checkbox"/> MN Criminal History (fingerprints)			
Results	Date		Initials
<input checked="" type="checkbox"/> FBI Criminal History (fingerprints)			
Results	Date		Initials
<input type="checkbox"/> Drivers License			
Results	Date		Initials
<input type="checkbox"/> Wants/Warrants			
Results	Date		Initials
<input checked="" type="checkbox"/> Predatory Offender Registration			
Results	Date		Initials
<input type="checkbox"/> Other States of Residence (NLETS)			
Results	Date		Initials
<input type="checkbox"/> CSO Review (CSO Approval automatic if no adverse results)			
Results	Date		Initials