

**ACKNOWLEDGMENT OF RIGHTS
AND
CONSENT TO RELEASE RECORDS**

AUTHORITY: 42 U.S.C. 13041 AND 10 U.S.C. 8013

PRINCIPAL PURPOSE: To comply with Public Law 101-647, Section 231, and DODI 1402.5, Criminal History Background Checks on Individuals in Child Care Services.

DISCLOSURE: Mandatory. In the case of an applicant for employment in a position involved with children under the age of 18, refusal to sign this form shall result in the employer's refusal to consider the application for employment. In the case of an incumbent of a position involved with children under the age of 18, refusal to sign this form shall result in removal from such position.

EMPLOYEE ACKNOWLEDGMENT:

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment in a position involved with children under the age of 18. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check will include the following:
 - a. A State Criminal History Repository Check in the state I currently reside and in states where I have formally resided;
 - b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, at a minimum, a file check of Security Forces Management Information System (SFMIS) which affords global background investigative data for all Air Force Installations; Family Advocacy's Air Force Central Registry which includes all drug and alcohol program files, medical treatment facility files, mental health, and life skills files; Family housing files; and any other record checks as appropriate to the extent permitted by law; and
 - c. A National Agency Check with Inquiries, including a Federal Bureau of Investigation Fingerprint check.
 - d. A name check of the Dru Sjodin National Sex offender Registry.
3. I hereby authorize any Federal, state, or local agency or office to release any record relating to me which is necessary to complete the record checks described above.

SIGNATURE: _____

TYPED OR PRINTED NAME: _____

DATE: _____

**** NOTE: If you are Military affiliated (Military Spouse, Retiree, Dependent) please fill out the Appendix G.**