



# CHOUTEAU COUNTY SHERIFF'S OFFICE

Vern L. Burdick – Sheriff | Justin Smith – Undersheriff

1215 Washington St, Fort Benton Montana 59442 406-622-5451

## AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant \_\_\_\_\_  
Please print your full name

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

As an applicant for a position with the CHOUTEAU COUNTY SHERIFF'S OFFICE I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement or related employment.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services public agencies, and all others, to furnish the CHOUTEAU COUNTY SHERIFF'S OFFICE any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form in your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant \_\_\_\_\_

State of Montana	
County of _____	
This instrument was acknowledged before me on _____ by _____.	
	<i>Print Name of Signer</i>
	_____ <i>Notary Signature</i> {Montana Notaries must complete the following, if not part of the stamp}
	_____ <i>Printed Name</i>
Affix Seal/Stamp as close to Signature as Possible	Notary Public for the State of _____ Residing at _____ My Commission Expires: _____, 20__



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## CRIMINAL HISTORY AUTHORIZATION

The Chouteau County Sheriff's Office is considering the application of the person named below for employment: as a volunteer or an employee with the Sheriff's Office. Any information relating to a criminal history check, traffic record, or any information you may have as to the character and integrity of the person is requested.

Last Name	First Name	Middle
Other Names Used		
Street Address	City	ST Zip
Date of Birth	Social Security #	Phone #

Have you ever been arrested for, or convicted of a crime, or found guilty in a court-martial proceeding?

( )Y ( )N

If yes, please complete the following (exceptions: minor traffic violations) Attach additional sheet if necessary.

Date	City	State	Charge
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I, \_\_\_\_\_, the above-named person, do hereby authorize any disclosure of information you may have regarding me, to the office of the Sheriff/Coroner, Chouteau County, Montana.

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

NCIC/CJIN RESPONSE: \_\_\_\_\_ By: \_\_\_\_\_

ZUERCHER RESPONSE: \_\_\_\_\_

APPROVED/DENIED: \_\_\_\_\_ Date: \_\_\_\_\_

## CRIMINAL JUSTICE APPLICANT'S RIGHTS

DOB \_\_\_\_\_

As an applicant who is the subject of a national fingerprint-based criminal history record check for a criminal justice purpose (such as employment, direct access to confidential criminal justice information, or unescorted physical access), you have certain rights which are discussed below

- You must be provided written notification by Chouteau County Sheriff's Office that your fingerprints will be used to check the criminal history records 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.

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 the federal statute, regulation or executive order, or rule, procedure or standard establishment by the National Crime Prevention and Privacy Compact Council.

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/identity-history-summary-checks>.

If you decided 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 at the same web address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request that agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make and necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)

If a change, correction. Or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Crime Records and Identification Services at [dojcriss@mt.gov](mailto:dojcriss@mt.gov) or [406-444-3625](tel:406-444-3625).

***Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for criminal justice purposes.***

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE