

I, _____ (printed full name) am submitting my fingerprints to Anchorage Health Department (AHD) for the purpose of obtaining a Shelter License.

1. I consent to submitting my fingerprints to the AHD for a national and/or state criminal history record check to assist this agency in determining my suitability for a Shelter License.
2. I understand the AHD has the right to receive national and/or state criminal history records under AS 12.62.160 (b)(9) for the purpose of Shelter Licensing.
3. I understand the criminal history information received by AHD from my fingerprint submission will only be used for the official purpose for which it was requested and will not be retained or disseminated in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
4. I understand that if I have a criminal history record, the officials deciding on my suitability for the Shelter License will give me an opportunity to complete or challenge the accuracy of the information in the record.
5. I understand that if I have a criminal history record, I will be given 14 days to challenge the information contained in the criminal history (or decline to do so) before a determination on my suitability for a Shelter License has been made.
6. I understand in order to challenge the accuracy of the criminal history record, I must contact the AHD which submitted the information, as directed under 28 CFR 16.30 through 16.34 and Alaska Regulation 13 AAC 68.300.

By signing below, I acknowledge that I understand these rights, and I have received a copy of the Applicant Privacy Rights and a copy of the Privacy Act Statement.

Applicant Signature

Date