

**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 where I currently reside and in states where I have formerly resided;

b. An Installation Records Check at all installations I have identified as residences during the preceding two years. This records check will include, as a minimum, inquiries of the Security Police, Medical Treatment Facility, Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program, the Family Housing Office, and the Family Advocacy Office. Sponsor's SSN is needed for medical records review.

c. A National Agency Check with Inquires, including a Federal Bureau of Investigation fingerprint check.

d. A name check of the Dru Sjodin National Sex Offenders Registry.

e. A DCII (Defense Central Index of Investigations) check with the Office of Special Investigations (OSI).

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.

**TYPED OR PRINTED NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_