



Waiver Agreement and Statement

For National Criminal History Record Checks
as authorized by state legislation or federal statute

Pursuant to the Iowa User Agreement, this form must be completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under state legislation or federal statute.

I hereby authorize (*Name of Qualified Entity*) Sac & Fox Tribe of the Mississippi in Iowa
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be licensed, employed or to serve as a volunteer. Furthermore, I authorize the qualified entity to forward this agreement to DCI upon request.

I understand that, until the criminal history record check is complete, the qualified entity may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, if applicable, the qualified entity may choose to deny my application or grant me a limited or restricted license until the criminal history record check is complete.

I understand that, upon request and if policy allows, the qualified entity will provide me a copy of the criminal history record check, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as a licensee, employee, volunteer, contractor or subcontractor.

I **have** OR **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one): Licensee Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Date of Birth: _____ Social Security Number: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Sac & Fox Tribe of the Mississippi in Iowa-Human Resources

Address: 349 Meskwaki Road, Tama, Iowa 52339

Telephone: (641) 484-4678 Fax: (641) 484-8478

Entity Assigned OCA: _____

Please retain this signed waiver for future reference. Do not send to DCI unless requested.