



NORTHEAST

MISSISSIPPI COMMUNITY COLLEGE

Division of Health Sciences • 101 Cunningham Blvd • Booneville, Mississippi 38829
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Information for Criminal Background Fingerprint Card

Please print clearly!

Last Name		First Name		Middle Name	Suffix
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #		_____	
Race	<input type="checkbox"/> American Indian OR Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other or Unknown <input type="checkbox"/> White	Date of Birth		_____	
Eye Color	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown	*Current Age		_____	
Hair Color	<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde or Strawberry <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> Unknown <input type="checkbox"/> White	Place of Birth		_____	
		Citizenship		_____	
		Current Residence Address			
		Street #/PO Box		_____	
		City		_____	
		State		_____	
		Zip		_____	
		Driver's License #		_____	
		State Issued		_____	
		Date		_____	
		Student Signature		_____	
		Parent Signature <i>(if required)</i>		_____	
		<i>*If the student is not currently 18 years of age or older, he/she must have parental consent in order to be fingerprinted.</i>			
Height	_____ ft _____ in				
Weight	_____ lb				

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification ¹ 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 CCFR), 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 federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, 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/background-checks>.

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

Your signature on the fingerprint card and/or this document indicates that you have been informed of your privacy rights and understand that your fingerprints are being run through the criminal history records of the FBI.

Date: _____ Applicant's Signature: _____

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV (c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



Student Screening Form for Fingerprinting COVID-19

1. Have you been in contact with anyone who has been diagnosed with COVID-19 within the last two weeks?

Yes

No

2. Have you experienced any of the following symptoms in the last 48 hours? fever of 100.4 or higher, shortness of breath, cough

Yes

No

3. Have you been diagnosed with COVID-19?

Yes

No

Printed Name

Signature

Date

If you answered “Yes” to any of these questions, please reschedule your fingerprinting appointment with Rhonda Cockrell at rscockrell@nemcc.edu. If you answered “No” to all, please bring signed and dated form with you to your fingerprinting appointment.