
DIVISION OF LAW ENFORCEMENT SERVICES Crime Information Bureau Criminal History

P.O. Box 2688 Madison, WI 53701-2688

WAIVER AGREEMENT AND STATEMENT

I hereby authorize the agency listed below to submit a set of my fingerprints to the Wisconsin Department of Justice and the Federal Bureau of Investigation for the purpose of accessing and reviewing Wisconsin and national criminal history records that may pertain to me.

By signing this waiver agreement it is my intent to authorize dissemination of such criminal history record information that may pertain to me to the agency with which I am employed, seeking employment with, seeking to serve as a volunteer for, or seeking licensure from.

I understand that it is not employment discrimination because of arrest record to refuse to employ or license, or to suspend from employment or licensing, any individual who is subject to a pending criminal charge or has been convicted of any felony, misdemeanor or other offense if the circumstances of the offense or charge substantially relate to the circumstances of the particular job or licensed activity.

I have been informed of my right to obtain a copy of the criminal history records, if any, and of my right to challenge the accuracy and completeness of any information contained in the criminal history record. I am also aware of my right to obtain a determination as to the validity of such a challenge before final determination regarding employment/association is made by this agency.

Name:		Date of Birth:
Address:		
offense that may be punishab If yes, describe the crime, inc	ole by forfeiture, fine, jail, imprisonment of cluding offense, severity, date of conv	• • •
Do you have any felony or m	nisdemeanor charges pending against y charge, including offense, severity, dat	you at this time? Yes No
Name of Agency: Agency Address:		Account Number: