

Alaska 4-H Volunteer Service Background Check Form

For District Office Use Only					
District Name:					
PROOF OF PAYMENT:					
UAF Receipt No.:					
Date:					
Notes:					

Information about the federal privacy and data security laws such as the Fair Credit Reporting Act and the Gramm-Leach-Bliley Act are available at <u>www.ftc.gov</u> or by calling 1-877-382-4357.

I consent to the electronic background check through First Advantage, a UAF contracted service, which will conduct the local, state and national review at a cost of \$11 to me. Please make checks payable to UAF CES. In order to facilitate this process, the following information is provided:

Printed Na	ame						
		(First)		(Middle)		(Last)	
SSN			_ Date of	Birth (XX/XX/>	XXXX)	_ /	/
Physical A	ddress:						
City			State	Zip	Phone		
		be destroyed/e e Disposal Rule				d or reconsti	ructed in
w in	ill be informe formation wi	mation reported ed of the informa th First Advanta r Credit Reportir	ation, provided a ge. You will als	a copy of the re o be provided	eport, and you a copy of "A S	r rights to dis	spute any
	Obtain A Per approximate	to a background son of Interest (cost of \$20, AN National Crime	(APSN) statewi D	de review from	the Alaska St	ate Trooper	s at an
government for	letter reques orm of identif in the amoun	ting the nationa ication, return a t of \$18 (no per ssing: Fe Criminal Divis	ddress, a comp	blete set of fing ccepted) to the of Justice f Investigation tion Services (er Hollow Road	erprints and a CJIS at the fe CJIS)	certified che	eck or
Fingerprints		ined through loc rints cannot be					nutes time.

Applicant Signature

Date

University of Alaska Fairbanks Cooperative Extension Service will not distribute your personal information.

For office use only: Applicant is: ApprovedNot Approved	as a Volunteer Leader.
Agent Signature	Date