

Healthcare Program Students

**RE: FBI Fingerprint Instruction**

Dear Student,

You will need the following documents to complete your FBI fingerprint request.

**a. FBI Fingerprint Card**

Please take the fingerprint card to a local law enforcement agency, or to another authorized individual/agency, to have your fingerprints rolled. Please see the sample FBI fingerprint card (included) for detailed instructions.

*Please note:* If the card is **bent/folded/severely warped**, we will not be able to process it.

**b. Letter to the FBI**

This form authorizes American DataBank to receive the results from the FBI. On the form, please include: the **date, your school name** (in the blank provided), **your signature, and your printed name**.

**c. Authorization for Release of Information**

This form needs to be "Notarized" for signature verification. This can usually be done at a bank.

Please mail the above three (3) forms to:

American Databank  
910 16<sup>th</sup> Street, Suite 550  
Denver, CO 80202

The FBI will process these forms and return the results to American DataBank. This search can take up to eight weeks. Results will be provided to the appropriate personnel with the program indicated on the student's initial request.

If you have any questions, please contact American DataBank at 1-800-200-0853.

Thank you.

Customer Service  
American DataBank LLC  
1-800-200-0853  
303-573-1779 (Fax)



American DataBank

910 Sixteenth St. 5th Fl.  
Denver, CO. 80202  
Tel: (303)573-1130 Fax: (303)573-1779  
<http://www.americandatabank.com>

Date: \_\_\_\_\_

Federal Bureau of Investigation  
Fingerprint Division  
Clarksburg, West Virginia 26306

Dear Sir:

As part of an education program at my school, \_\_\_\_\_, my fingerprints need to be recorded as part of my background check. The school has requested this be done to be in compliance with the agency where I will be assigned.

I authorize American DataBank to send my fingerprint card to the Federal Bureau of Investigation, Fingerprint Division. Please send the results to American DataBank to be forwarded on to my school.

If you have any questions, please feel free to contact American DataBank, Susan Bourdelais, at 1-800-200-0853, extension 112. Thank you for your assistance in this matter.

Sincerely,

\_\_\_\_\_  
Student Name (Signature)

\_\_\_\_\_  
Student Name (Printed)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_, authorize the FBI to release the results of the fingerprint search of Criminal Justice Information Services Division's files to the following individual (s) / agency (ies):

Individual/Agency: American DataBank LLC

Phone: 303-573-1130

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record (s) under false pretenses is punishable under the provisions of 5 U.S.C. 522a(i)(3) by a fine of not more that \$5000.

Your Signature: \_\_\_\_\_

(To be signed in the presence of a Notary)

**NOTARIZATION**

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, the year \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_

Notary Seal or Stamp

**No Cover Sheet Needed - Please fax to 303-531-2055 (Confidential Line)** Rev 27. 2008. August  
It is not necessary to contact American DataBank to verify that your fax has been received.



## CCCS Disclosure and Release Form

As part of the application process for acceptance at \_\_\_\_\_ ("school name"), I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, residency history, Medicare/Medicaid excluded list, FBI/CBI fingerprinting, child abuse/neglect check and OIG Sanction report. I understand that these records may be used for the eligibility of my acceptance into the aforementioned school's medical or nursing program. I authorize without reservation the full release of these records and for American DataBank and/or its agents contacted by American DataBank to obtain information.

In addition, I release and discharge American DataBank, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my enrollment at \_\_\_\_\_ ("school name"). I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for denial of acceptance.

Upon Request, American DataBank will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 910 Sixteenth Street Suite 550, Denver, CO 80202 or by contacting us at 303-573-1130.

**Please remember to complete you order online at [www.HealthCareEX.com](http://www.HealthCareEX.com)**

By signing below, the applicant agrees to pay to American Databank for services rendered.

< Please Print >

Applicant's Name: \_\_\_\_\_

First

M.I.

Last

Signature: \_\_\_\_\_ Date: \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yy

Date of Birth: \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yy (this is used for only criminal and driving records retrieval.)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address

City

State

ZIP

Length of Residency: \_\_\_\_yr

No Cover Sheet Needed - Please fax to 303-531-2055 (Confidential Line). It is not necessary to contact American DataBank to verify that your fax has been received. Or e-mail a scanned copy to

[studentdisclosure@americandatabank.com](mailto:studentdisclosure@americandatabank.com)

American DataBank

910 Sixteenth Street Suite 550, Denver, CO 80202  
Tel: 303-573-1130