

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



3.  YES  NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of supervision: \_\_\_\_\_

\_\_\_\_\_

4.  YES  NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of conviction: \_\_\_\_\_

\_\_\_\_\_

5.  YES  NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Arrest \_\_\_\_\_

Details of pending charges: \_\_\_\_\_

\_\_\_\_\_

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

APPLICANT (PRINT NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_



**Indiana State Police**  
**Criminal History Information**  
 Limited Criminal History  
 & Fee Exemption  
 317-233-5424  
 www.IN.gov/ISP

<b>ID Billing Number          Or Customer ID #</b>  <p align="center">63503143</p>
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**PLEASE TYPE OR PRINT ALL INFORMATION**

RECORD CHECK ON:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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First Name

<input type="checkbox"/>
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M.I.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Date of Birth MM / DD / YYYY

M = Male  
F = Female

<input type="checkbox"/>
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Sex

W = White      B = Black  
 U = Unknown    M = Multi Racial  
 I = American Indian Alaskan  
 A = Asian / Pacific Islander

<input type="checkbox"/>
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Race

<b>REASON FOR SEARCH</b>  <hr/> <hr/> Private Adoption, Employment, Licensing (type), etc.
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Name	<i>(where this response will be sent)</i>
<b>Hamilton Southeastern Schools</b>	
Mailing Address:	
<b>13485 Cumberland Road</b>	
City, State, Zip Code	
<b>Fishers, IN 46038</b>	
ATTENTION:	

( )  
Daytime Phone Number

<b>Limited Criminal History Information – Reason for Request</b> The cost is \$7.00. Mark an "X" in one box below for this request. Certified check or money order must be enclosed if request is mailed. Cash will be accepted <u>only in person</u> . [Correct Change]
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- (1)  Has applied for employment with a non-criminal justice organization or individual;
- (2)  Has applied for a license or is maintaining a license; and has provided criminal history data as required by law to be provided in connection with the license.
- (3)  Employment with a state or local governmental entity.
- (4)  Is a candidate for public office or a public official;
- (5)  Is in the process of being apprehended by a law enforcement agency;
- (6)  Is placed under arrest for the alleged commission of a crime;
- (7)  Has charged that his rights have been abused repeatedly by criminal justice agencies;
- (8)  Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
- (9)  Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;
- (10)  Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
- (11)  Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5.
- (12)  Is being investigated for welfare fraud by an investigator of the Division of Family Resources, or a county office of the Division of Family Resources;
- (13)  Is being sought by the parent locator service of the Child Support Bureau of the Division of Family Resources;
- (14)  Is or was required to register as a sex and violent offender under IC 5-2-12; or
- (15)  Has been convicted of any of the following:
  - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
  - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
  - (C) Child molesting (IC 35-42-4-3).
  - (D) Child exploitation (IC 35-42-4-4(b)).
  - (E) Possession of child pornography (IC 35-42-4-4(c)).
  - (F) Vicarious sexual gratification (IC 35-42-4-5).

(continued on page 2)

- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.
- (K) Attempt under IC 35-41-5-1 to commit an offense listed in clauses (A) through (J).
- (L) Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J).
- (M) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under clauses (A) through (J).

**REASON FOR NO FEE REQUEST**  
**Check area that applies to your agency.**

**Before checking any box below read the defined Indiana Code IC 10-13-3-36**

- A.  Has been in existence for 10 years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B.  Home Health Agency (Copy of license must accompany this request).
- C.  Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
- D.  Is a supervised group living facility licensed under IC 12-28-5.
- E.  An area agency on aging designated under IC 12-10-1.
- F.  Community action agency (as defined in IC 12-14-23-2).
- G.  Owner operator of a hospice program licensed under IC 16-25-3.
- H.  Community mental health center (as defined in IC-7-2-38).
- I.  Department of Child Services (as defined in IC 1-13-3-27-5).
- J.  Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).
- K. 
  - (1) The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;
  - (2) The request is made as part of a background investigation of a prospective or current adult volunteer; and
  - (3) The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17-2-6.

**WARNING PENALTY FOR MISUSE**

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

**I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.**

**Michael Beresford**

PRINT Name of Requester



Signature of Requester

Date (month, day, year)

**Certified check or money order only - made payable to the STATE OF INDIANA.**

**Cash in person ONLY "NO" personal checks**

Mail request to:

Indiana State Police, Criminal History Limited Check  
P.O. Box 6188  
Indianapolis, Indiana 46206-6188