

Records Modification Form

FBI CJIS DIVISION

REQUIRED INFORMATION:

Master Name: _____ DOB: _____ Originating Agency: _____

Additional Information: UCN#: _____ DOA: _____

MODIFIED INFORMATION: *(Including any warrant#, Citation #, Agency Case #, etc)*

Master Name:		Sex:	Race:		
Name at arrest:		HGT:	WGT:	EYE:	HAIR:
DOB:	SOC:	SID:			
POB:	DOO:	Agency Case #/OCA:		ORI:	
DOA:					
AKAs:					
SMTs:					
ARREST CHARGES: FROM:					
TO:					
COURT CHARGES: FROM:					
TO:					
DISPOSITIONS: FROM:					
TO:					

ADDED INFORMATION: (PLEASE NOTE: if adding a date of arrest, it must be accompanied with a fingerprint card)

SID	Agency Case #/OCA:	DOB:	SOC:	AKAs:	SMTs:

DOA: _____

Arrest Charges:
Court Charges:
Dispositions:

DELETED INFORMATION: *When requesting a deletion, removal or expungement for date of arrest or individual charges/disposition please use FBI Expungement Form (FD-1114)*

SID	Agency Case #/OCA:	DOB:	SOC:	AKAs:	SMTs:

DOA: _____

Arrest Charges:
Court Charges:
Dispositions:

(Provide State Bureau Stamp)

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses:

During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0068. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.