

Request for Release of Criminal History Information Pursuant to the PROTECT Act

Name: \_\_\_\_\_

LAST FIRST MIDDLE MAIDEN

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

STREET

CITY STATE ZIP/POSTAL CODE COUNTRY

Originating Agency Case Number (OCA) – Provided by camp: \_\_\_\_\_

IAFIS Control Number (ICN) – Provided to camp in determination letter: \_\_\_\_\_

Name of PROTECT Act partner organization: American Camp Association

Name of participating camp: \_\_\_\_\_

Camp Address: \_\_\_\_\_

I, the undersigned, pursuant to the PROTECT Act, previously submitted fingerprints in support of my application to volunteer at the camp listed above. I have been informed by the camp that it appears that the criminal background check provided by the Federal Bureau of Investigations (FBI) to the National Center for Missing and Exploited Children (NCMEC) revealed that I did not meet or may not meet the criteria established through the PROTECT Act to serve as a volunteer in the camp program. As defined in the PROTECT Act, (check one or both as appropriate):

I wish to discuss the criminal history information with the camp identified above, and therefore authorize and direct the FBI to disseminate a copy of my criminal history information to the camp. I acknowledge that the camp may contact government agencies to interpret and resolve information appearing on my record and that the information obtained will only be used for purposes of rendering a determination as to my fitness to serve as a volunteer at the camp. I understand that the camp is authorized to provide me with a copy of my record.

I wish to review my record maintained by the FBI to determine its accuracy and completeness, and therefore request that the FBI send me a copy of my record previously dissemination to NCMEC pursuant to the PROTECT Act. I understand that the FBI typically serves as the repository for such record, and that any action to alter or amend the record in response to a subsequent request to the FBI would be by the agency originating such record, although the FBI would serve to facilitate my request by forwarding it to the appropriate agency.

By signing this request, I acknowledge that I have been provided a copy of this form. I have read and understand the foregoing and swear or affirm that my certification is true and correct to the best of my knowledge and belief.

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

I, \_\_\_\_\_ Notary Public in and for the State of \_\_\_\_\_,  
County of \_\_\_\_\_, hereby affirm that  
\_\_\_\_\_ appeared before me on the \_\_\_\_\_  
day of \_\_\_\_\_, 200\_\_\_\_, and provided an identification document issued  
by a government agency, bearing his/her likeness, and executed this  
form in my presence.

Send this request to:  
PROTECTScreen  
American Camp Association  
5000 N State Road 67  
Martinsville IN 46151

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

SEAL

Print: \_\_\_\_\_