

RELEASE/CONSENT STATEMENT		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: 42 USC 13041, 10 USC 3013 AND AR 190-45</p> <p>PRINCIPAL PURPOSE: The provided information will be used to obtain background information through local records checks within the Centralized Operations Police Suite (COPS) and Criminal Justice Information System (CJIS).</p> <p>ROUTINE USES: To initiate background check requirements of the statute.</p> <p>DISCLOSURE: Providing information is voluntary. Failure to provide information may result in disapproval of employment/volunteer status with USAG-HI agencies/units.</p>		
EMPLOYEE/VOLUNTEER STATEMENT		
<p>I, (Please print full name) _____, hereby consent to the release of my records and/or information about me contained in any records maintained by the Directorate of Emergency Services (DES) to (requesting Agency/Unit)_DFMWR_, (installation)____USAG-HI_____ for the purpose of potential employment or volunteering for the Unit/Agency.</p>		
Applicant's Name (Last, First MI.):		
Applicant's Alias/Maiden Name(s):		
Social Security Number:	Date of Birth:	Place of Birth (City, State/Country):
Local Address:		
Home phone number:	Business phone number:	Date:
Applicant's Signature:		

All request will be scanned in to .pdf format and will be sent to the DES point of contact via Army encrypted email and Public Key Infrastructure (PKI) encryption to ensure security of personally identifiable information (PII).