

ACKNOWLEDGMENT OF RIGHTS AND CONSENT TO RELEASE RECORDS

PRINCIPAL PURPOSE: To comply with AFI31-501, USAFE Supplement 1, para A28.3.3., and the HQ AFSVA/SVX memorandum dated 21 May 2008, *Common Access Cards (CAC) for Nonappropriated Fund (NAF) Employees*.

DISCLOSURE: Mandatory. Refusal to sign this form will result in the employer's refusal to consider the application for employment.

EMPLOYEE ACKNOWLEDGMENT:

1. I have been advised and understand that the United States Air Force, as a Federal employer, has an obligation to require a record check as a condition of my employment. I have been further advised that I have a right to obtain a copy of any criminal history report made available to such employer or potential employer and to challenge the accuracy and completeness of any information included in such report.
2. I understand that the record check will include, at a minimum, the following:
 - a. Security Forces local files check;
 - b. Medical records local files check;
 - c. National Agency Check with Inquiries, including a Federal Bureau of Investigation fingerprint check.
3. I hereby authorize any Federal, state, or local agency or office to release any record relating to me which is necessary to complete the record checks described above.

PRINTED NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____