



Bureau of Criminal Apprehension
 Minnesota Justice Information Services
 1430 Maryland Avenue East St. Paul, Minnesota 55106
 (651) 793-2500 FAX: (651) 793-2501



Criminal History Record Maintenance System Access Consent

The Criminal History Record Maintenance System makes it possible for law enforcement agencies to add, correct, or request deletion of arrest data previously submitted on fingerprint cards, review suspended court disposition records and notify the court when name, date of birth, controlling agency or law enforcement case number errors are found.

The controlling agency reported on the fingerprint card is the only agency authorized to add, modify, or request deletion of the arrest data. Your agency may grant the authority to modify your arrest to another law enforcement agency. If you wish to grant access rights to another agency please complete and sign the authorization below. This authorization may be rescinded at any time.

The BCA recommends that central booking agencies or any agency that routinely fingerprints individuals for other agencies provide access to the agencies that they print for. Agencies that do not fingerprint subjects should limit access to avoid duplication of work and minimize potential conflicts.

The BCA recommends that sheriff offices grant rights to the State Patrol districts operating within their jurisdiction because they arrest and book subjects in more than one jurisdiction.

I agree that authorized employees of the following agency(s) may add, modify, or request that the BCA delete criminal history record data created by my agency and submitted to the BCA.

Please enter the agency ORI number and agency name below that you wish to authorize.

	Agency ORI	Agency Name
MN		

	Agency ORI	Agency Name
MN		

Access shall be in effect on the date below and shall remain in effect until rescinded by the authorizing agency. The BCA may terminate access if an agency granted access is found to be in violation of Criminal History Record Maintenance Policy.

Signature of Agency Head _____ Date _____

Please print name from above _____ Title _____

Agency ORI Number _____ Agency Name _____