

**Criminal Justice Agency Employees RIDE ALONGS WAVIER**

**Employee Non-Disclosure Agreement and Authorization of State and National Criminal Records Check**

Must be completed, signed and submitted to the TAC for every criminal justice agency employee who may have access to NCIC/Nlets data, or information obtained from a fingerprint-based background check, within 30 days of his/her assignment to any program or product having access to criminal history record information and related data, or to records storage areas containing Computerized Criminal History (CCH) and/or Interstate Identifier Information (III) data.

**First Name (Print) Middle Name Last Name Suffix**

**Social Security Date of Birth**

Criminal justice agency employees must submit this form to the TAC for Security & Awareness Training.

**I certify that I am the above referenced individual, and hereby agree and acknowledge:**

1. That upon the termination of my relationship from the agency:

1.1. SLED or duly authorized representative of the state of South Carolina may notify any future or prospective client or third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.

1.2. This agreement shall be binding upon me and my agency and their successors, principals in such interest, and shall inure to the benefit of SLED.

1. By signing this waiver, I certify and acknowledge that all of the personal identifying information provided herein is accurate, and do hereby authorize SLED to conduct a Criminal Record Check for state and national criminal history information.

I recognize that criminal history record information and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to criminal history record information and related data is therefore limited to the purpose(s) for which a government agency has entered into the contract incorporating this Security Addendum. I understand that misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of this contract for a purpose other than that envisioned by the contract, may subject me to administrative and criminal penalties. I understand that accessing the system for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than execution of the contract also constitutes misuse. I further understand that the occurrence of misuse does not depend upon whether or not I receive additional compensation for such authorized activity. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

I hereby consent to allow SLED and the FBI to conduct a fingerprint based background check, and to retain and store my fingerprints for further use in identification of persons including, but not limited to, use in identifying latent fingerprints in unsolved crimes.

**Ride Along/Intern Signature Date**

843-554-2460

Charleston County Sheriff’s Office 3691 Leeds Ave., N. Chas. SC 29405

**Agency Name and Address Phone Number**

**Signature of Sheriff’s Office Employee E-mail Address Date**

Form CJ-096 Revised 09/22/2014