

**Waiver Agreement and Statement  
For Criminal History Checks**



**This form must be completed and signed by every current or prospective adoptive parent or adult 18 years or older living in the home of adoptive parent for whom criminal history records are requested by qualified entity.**

I hereby authorize Adoption Promises to submit a set of fingerprints through the TBI vendor and this form to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to 28 CFR, Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be an **Adoptive Parent or live in the home with an Adoptive parent.**

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to entity locations. I further understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an adoptive parent.

A national criminal history background check on me is being requested by: Adoption Promises

Address: P.O. Box 654 City: Smyrna State: TN Zip: 37167

I have ☐ or have not ☐ been convicted of a crime. PLEASE CHECK ONE. If convicted, describe the crime(s) and the particulars of the conviction(s). \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*fulfilling family dreams*

(615)212-8685 • adoptionpromises.com • adoptionpromises

P.O. BOX 654  
SMYRNA, TN 37167