

MARKING INSTRUCTIONS

CORRECT MARK:



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

INCORRECT MARKS:



MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> (A) RECORD INFORMATION SHOWN BELOW <input type="radio"/> (B) RECORD IS ATTACHED <input type="radio"/> (C) NO PERTINENT INFORMATION <input type="radio"/> (D) OPM REVIEW <input type="radio"/> (E) ABOVE INFORMATION VERIFIED | <ul style="list-style-type: none"> <input type="radio"/> (F) PREVIOUSLY FURNISHED (Explain in REMARKS section) <input type="radio"/> (G) RECORD AT ANOTHER LOCATION (Enter address and ZIP code in REMARKS section) <input type="radio"/> (H) NOT LOCATED (Explain in REMARKS section) <input type="radio"/> (I) NO RECORD |
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IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.

REMARKS

PLEASE SIGN THIS FORM HERE:

DATE

YOUR TITLE:

DAYTIME TELEPHONE NUMBER

(INCLUDE AREA CODE)

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FOR OPM USE ONLY

RESULTS

- | | |
|-----------------------------|------------------------|
| AC ACCEPTABLE | IS ISSUES |
| AA ACCEPTABLE/ATTACHED | PI CONFIDENTIAL/ISSUES |
| PA CONFIDENTIAL/ACCEPTABLE | RI RECORD INCONCLUSIVE |
| NI NO PERTINENT INFORMATION | FR FEE REQUIRED |
| NR NO RECORD | RL RELEASE REQUIRED |
| NL NOT LOCATED | SK SUBJECT UNKNOWN |
| UC UNABLE TO CONTACT | NZ NOT AVAILABLE |
| RF REFERRED | DN DISCREPANT |
| RR RECORD | |

ISSUES/CHARACTERIZATION

- | | |
|---------------------------------------|--|
| 1 <input type="radio"/> O A B C D E N | 9 <input type="radio"/> O A B C D E N |
| 2 <input type="radio"/> O A B C D E N | 10 <input type="radio"/> O A B C D E N |
| 3 <input type="radio"/> O A B C D E N | 11 <input type="radio"/> O A B C D E N |
| 4 <input type="radio"/> O A B C D E N | 12 <input type="radio"/> O A B C D E N |
| 5 <input type="radio"/> O A B C D E N | 13 <input type="radio"/> O A B C D E N |
| 6 <input type="radio"/> O A B C D E N | 14 <input type="radio"/> O A B C D E N |
| 7 <input type="radio"/> O A B C D E N | |
| 8 <input type="radio"/> O A B C D E N | |

INVESTIGATIVE REQUEST FOR
PERSONAL INFORMATION
U.S. GOVERNMENT USE ONLY

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UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIONS PROCESSING CENTER
PO BOX 618
BOYERS, PA 16018-0618

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INSTRUCTIONS: Your name has been provided by the person identified below to assist in completing a background investigation to help us determine this person's suitability for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope. You were listed as:

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, or you would like to keep your identity confidential, please indicate this requirement in writing on the reverse.

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER: CASE TYPE: ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)
OTHER NAMES USED
POSITION FOR WHICH INVESTIGATED
THIS PERSON CLAIMED THE FOLLOWING:

**INVESTIGATIVE REQUEST FOR EDUCATIONAL
 REGISTRAR AND DEAN OF STUDENTS RECORD DATA**
 U.S. GOVERNMENT USE ONLY

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M

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
 FEDERAL INVESTIGATIONS PROCESSING CENTER
 PO BOX 618
 BOYERS, PA 16018-0618

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INSTRUCTIONS: Your name has been provided by the person identified below to assist in completing a background investigation to help us determine this person's suitability for employment or security clearance. To help us make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER: CASE TYPE: ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)		
OTHER NAMES USED		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION FOR WHICH INVESTIGATED
PLACE OF BIRTH		
THIS PERSON CLAIMED ATTENDANCE AS FOLLOWS		
FROM (MO/YR)	TO (MO/YR)	SCHOOL NAME AND ADDRESS
DEGREE AND DATE (MO/YR)		
LAST CLAIMED RESIDENCE DURING PERIOD OF ATTENDANCE		

INVESTIGATIVE REQUEST FOR
LAW ENFORCEMENT DATA
U.S. GOVERNMENT USE ONLY

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UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
FEDERAL INVESTIGATIONS PROCESSING CENTER
PO BOX 618
BOYERS, PA 16018-0618

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INSTRUCTIONS: We are conducting a background investigation on the person identified below to determine this person's eligibility for federal employment or access to classified information. To help make this determination, we ask that you complete all items on the back of this form and return the form in the enclosed envelope.

PRIVACY ACT INFORMATION: This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

CERTIFICATION: The person we are investigating has given written consent for this investigative inquiry. We keep that consent on file. If a copy is required in order to complete this form, please indicate this requirement in writing on the reverse.

The U.S. Office of Personnel Management's Federal Investigations Program is an authorized law enforcement activity required by Statute, Presidential Executive Order and Federal Regulations to make this investigative inquiry.

- Request covered by the Security Clearance Information Act (P.L. 99-169)
- Request not covered by the Security Clearance Information Act

Completion of this investigation as soon as possible will help this person and the agency perform their duties in a more timely and efficient manner.

CASE NUMBER: CASE TYPE: ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)			
OTHER NAMES USED			
DATE OF BIRTH		SOCIAL SECURITY NUMBER	POSITION FOR WHICH INVESTIGATED
PLACE OF BIRTH			
CURRENT RESIDENCE			
THIS PERSON CLAIMS THE FOLLOWING CRIMINAL HISTORY RECORD AT YOUR LOCATION			
DATE (MO/YR)		DATE (MO/YR)	
OFFENSE:		OFFENSE:	
ACTION:		ACTION:	
LAW ENFORCEMENT AUTHORITY OR COURT			
CLAIMED RESIDENCE AT TIME OF OFFENSE			

MARKING INSTRUCTIONS

CORRECT MARK:



- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

INCORRECT MARKS:



PLEASE COMPLETE THE ITEMS SHOWN BELOW

1 MARK THE FOLLOWING AS APPLICABLE:

- a WE HAVE NO RECORD ON THIS PERSON. b RECORD INFORMATION SHOWN BELOW.

2 PLEASE PROVIDE DETAILS CONCERNING CRIMINAL HISTORY RECORD AND/OR OUTSTANDING WARRANT(S). IF OUTSTANDING WARRANT(S) EXIST, LIST THE NATURE OF THE ORIGINAL CHARGE. PLEASE SHOW THE EXACT NATURE OF THE CHARGE - DO NOT USE CODES OR ABBREVIATIONS.

DATE	OFFENSE	DISPOSITION AND DATE	LOCATION OF DISPOSITION (COURT & CITY)

3 IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.

REMARKS, ADDITIONAL INFORMATION THAT MAY HAVE A BEARING ON THIS PERSON'S ELIGIBILITY FOR FEDERAL EMPLOYMENT, ACCESS TO CLASSIFIED INFORMATION OR ASSIGNMENT TO SENSITIVE NATIONAL SECURITY DUTIES.

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this address.

PLEASE SIGN THIS FORM HERE	DATE
YOUR TITLE	DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)
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FOR OPM USE ONLY

RESULTS	ISSUES/CHARACTERIZATION
AC ACCEPTABLE	IS ISSUES
AA ACCEPTABLE/ATTACHED	PI CONFIDENTIAL/ISSUES
PA CONFIDENTIAL/ACCEPTABLE	RI RECORD INCONCLUSIVE
NI NO PERTINENT INFORMATION	FR FEE REQUIRED
NR NO RECORD	RL RELEASE REQUIRED
NL NOT LOCATED	SK SUBJECT UNKNOWN
UC UNABLE TO CONTACT	NZ NOT AVAILABLE
RF REFERRED	DN DISCREPANT
RR RECORD	

1 O A B C D E N 2 O A B C D E N 3 O A B C D E N 4 O A B C D E N 5 O A B C D E N 6 O A B C D E N 7 O A B C D E N 8 O A B C D E N	9 O A B C D E N 10 O A B C D E N 11 O A B C D E N 12 O A B C D E N 13 O A B C D E N 14 O A B C D E N
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