

GENERAL REQUEST FOR
INVESTIGATIVE 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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[Empty box for recipient information]

INSTRUCTIONS: We are investigating the person identified below. Please search your records, indicating the results by marking one of the ovals on the reverse of this form. If any pertinent information is contained in your records, please send a photocopy as an attachment to this form. If a photocopy is not available, report the pertinent information in the "remarks" section. Please return the completed form, with any attachments to the Office of Personnel Management at the address shown above.

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		
ADDITIONAL INFORMATION FOR YOUR RECORD SEARCH		

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 |
|---|--|

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

ISSUES/CHARACTERIZATION

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| <ul style="list-style-type: none"> AC ACCEPTABLE AA ACCEPTABLE/ATTACHED PA CONFIDENTIAL/ACCEPTABLE NI NO PERTINENT INFORMATION NR NO RECORD NL NOT LOCATED UC UNABLE TO CONTACT RF REFERRED RR RECORD | <ul style="list-style-type: none"> IS ISSUES PI CONFIDENTIAL/ISSUES RI RECORD INCONCLUSIVE FR FEE REQUIRED RL RELEASE REQUIRED SK SUBJECT UNKNOWN NZ NOT AVAILABLE DN DISCREPANT |
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| <ul style="list-style-type: none"> 1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 2 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 7 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 8 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | <ul style="list-style-type: none"> 9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 10 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 11 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 13 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N 14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
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