

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

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)

(       )

#### FOR OPM USE ONLY

**RESULTS**

**ISSUES/CHARACTERIZATION**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>AC ACCEPTABLE</li> <li>AA ACCEPTABLE/ATTACHED</li> <li>PA CONFIDENTIAL/ACCEPTABLE</li> <li>NI NO PERTINENT INFORMATION</li> <li>NR NO RECORD</li> <li>NL NOT LOCATED</li> <li>UC UNABLE TO CONTACT</li> <li>RF REFERRED</li> <li>RR RECORD</li> </ul> | <ul style="list-style-type: none"> <li>IS ISSUES</li> <li>PI CONFIDENTIAL/ISSUES</li> <li>RI RECORD INCONCLUSIVE</li> <li>FR FEE REQUIRED</li> <li>RL RELEASE REQUIRED</li> <li>SK SUBJECT UNKNOWN</li> <li>NZ NOT AVAILABLE</li> <li>DN DISCREPANT</li> </ul> |
|--|--|

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>2 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>3 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>4 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>5 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>6 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>7 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>8 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> </ul> | <ul style="list-style-type: none"> <li>9 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>10 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>11 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>12 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>13 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> <li>14 <input type="radio"/> O <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</li> </ul> |
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**INVESTIGATIVE REQUEST FOR EMPLOYMENT  
DATA AND SUPERVISOR 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. We send a separate inquiry to the personnel office and each supervisor shown on the person's application; therefore please do not forward this for completion by someone else.

**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			
DATE OF BIRTH		SOCIAL SECURITY NUMBER	POSITION FOR WHICH INVESTIGATED
PLACE OF BIRTH			
CLAIMED EMPLOYMENT			
FROM	TO	POSITION	NAME OF SUPERVISOR
ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE ADDRESS)			



## 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** IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?

**a** YES                    **b** NO (Please explain in item 6)                    **c** WE HAVE NO RECORD ON THIS PERSON

**2** MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:

**a** SUBJECT CURRENTLY EMPLOYED HERE                    **d** LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)

**b** LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE                    **e** DISCHARGED FOR UNFAVORABLE EMPLOYMENT OR CONDUCT (Please explain in item 6)

**c** DISCHARGED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS                    **f** RESIGNED AFTER INFORMED OF POSSIBLE DISCHARGE (Please explain in item 6)

**g** LEFT EMPLOYMENT BY MUTUAL AGREEMENT DUE TO SPECIFIC PROBLEMS (Please explain in item 6)

**3** IS THIS PERSON ELIGIBLE FOR REHIRE?

**a** YES                    **b** NO – DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT                    **c** NO – FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)

**4** DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?

**a** NO                    **c** I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND

**b** YES (Please explain in item 6)                    **d** I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

**5** DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:

YES NO	YES NO	YES NO
<b>a</b> VIOLATIONS OF THE LAW	<b>c</b> ABUSE OF ALCOHOL AND/OR DRUGS	<b>e</b> GENERAL BEHAVIOR OR CONDUCT
<b>b</b> FINANCIAL INTEGRITY	<b>d</b> MENTAL OR EMOTIONAL STABILITY	<b>f</b> OTHER MATTERS

(If YES to any of these questions, please explain in item 6)  
I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

**6** IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK  
**ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.**

**7** DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?

**a** YES                    **c** I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION

**b** NO (Please explain in item 6)

PRINT NAME:

PLEASE SIGN THIS FORM HERE:

DATE

YOUR TITLE:

DAYTIME TELEPHONE NUMBER

(INCLUDE AREA CODE) (     )

### 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 O A B C D E N	9 O A B C D E N
2 O A B C D E N	10 O A B C D E N
3 O A B C D E N	11 O A B C D E N
4 O A B C D E N	12 O A B C D E N
5 O A B C D E N	13 O A B C D E N
6 O A B C D E N	14 O A B C D E N
7 O A B C D E N	
8 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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[Empty box for recipient address]

**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:

## 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

<b>1</b>	<b>HOW LONG HAVE YOU KNOWN THIS PERSON?</b>		
	a <input type="checkbox"/> _____ YEARS _____ MONTHS	b <input type="checkbox"/> I DON'T KNOW THIS PERSON (DON'T COMPLETE OTHER ITEMS)	
<b>2</b>	<b>MY ASSOCIATION WITH THIS PERSON IS/WAS AS A:</b>		
	a <input type="checkbox"/> COWORKER	c <input type="checkbox"/> FRIEND	e <input type="checkbox"/> FORMER SPOUSE
	b <input type="checkbox"/> NEIGHBOR	d <input type="checkbox"/> SPOUSE	f <input type="checkbox"/> INSTRUCTOR
			g <input type="checkbox"/> RELATIVE
	h <input type="checkbox"/> OTHER (PLEASE EXPLAIN IN ITEM 8)		
<b>3</b>	<b>ON THE AVERAGE, I ASSOCIATE(D) WITH THIS PERSON:</b>		
	a <input type="checkbox"/> DAILY	c <input type="checkbox"/> MONTHLY	e <input type="checkbox"/> ONCE EVERY YEAR OR 2
	b <input type="checkbox"/> WEEKLY	d <input type="checkbox"/> TWICE A YEAR	f <input type="checkbox"/> ONCE IN 3 OR MORE YEARS
<b>4</b>	<b>I LAST ASSOCIATED WITH THIS PERSON:</b>		
	a <input type="checkbox"/> 0 TO 3 MONTHS AGO	c <input type="checkbox"/> 1 TO 3 YEARS AGO	e <input type="checkbox"/> MORE THAN 5 YEARS AGO
	b <input type="checkbox"/> 3 TO 12 MONTHS AGO	d <input type="checkbox"/> 3 TO 5 YEARS AGO	
<b>5</b>	<b>DOES THE INFORMATION ON THE FRONT OF THIS FORM CONCERNING THIS PERSON APPEAR TO BE CORRECT?</b>		
	a <input type="checkbox"/> YES    b <input type="checkbox"/> NO—IT APPEARS TO BE INCORRECT OR INCOMPLETE (SHOW CORRECT OR ADDITIONAL DATA IN ITEM 8)		
<b>6</b>	<b>DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?</b>		
	a <input type="checkbox"/> NO	c <input type="checkbox"/> I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND	
	b <input type="checkbox"/> YES (PLEASE EXPLAIN IN ITEM 8)	d <input type="checkbox"/> I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE	
<b>7</b>	<b>DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:</b>		
	YES NO	YES NO	YES NO
	a <input type="checkbox"/> VIOLATIONS OF THE LAW	c <input type="checkbox"/> ABUSE OF ALCOHOL AND/OR DRUGS	e <input type="checkbox"/> GENERAL BEHAVIOR OR CONDUCT
	b <input type="checkbox"/> FINANCIAL INTEGRITY	d <input type="checkbox"/> MENTAL OR EMOTIONAL STABILITY	f <input type="checkbox"/> OTHER MATTERS
	(IF YES, PLEASE EXPLAIN IN ITEM 8)		
	I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE		
<b>8</b>	IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK. <b>ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.</b>		
<b>9</b>	<b>DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?</b>		
	a <input type="checkbox"/> YES	c <input type="checkbox"/> I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE	
	b <input type="checkbox"/> NO (PLEASE EXPLAIN IN ITEM 8)	A RECOMMENDATION	

**PRINT NAME:** \_\_\_\_\_

**PLEASE SIGN THIS FORM HERE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**YOUR TITLE:** \_\_\_\_\_ **DAYTIME TELEPHONE NUMBER** \_\_\_\_\_  
(INCLUDE AREA CODE)

### 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 <input type="checkbox"/> O A B C D E N
	2 <input type="checkbox"/> O A B C D E N
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	4 <input type="checkbox"/> O A B C D E N
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	11 <input type="checkbox"/> O A B C D E N
	12 <input type="checkbox"/> O A B C D E N
	13 <input type="checkbox"/> O A B C D E N
	14 <input type="checkbox"/> O A B C D E N



INVESTIGATIVE REQUEST FOR EDUCATIONAL  
REGISTRAR AND DEAN OF STUDENTS RECORD 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:** 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			
<b>THIS PERSON CLAIMS THE FOLLOWING CRIMINAL HISTORY RECORD AT YOUR LOCATION</b>			
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.

<b>PLEASE SIGN THIS FORM HERE</b>	<b>DATE</b>
<b>YOUR TITLE</b>	<b>DAYTIME TELEPHONE NUMBER</b> (INCLUDE AREA CODE) (      )

### FOR OPM USE ONLY

RESULTS	ISSUES/CHARACTERIZATION
AC ACCEPTABLE	IS ISSUES
AA ACCEPTABLE/ATTACHED	PI CONFIDENTIAL/ISSUES
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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	9 O A B C D E N
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3 O A B C D E N	11 O A B C D E N
4 O A B C D E N	12 O A B C D E N
5 O A B C D E N	13 O A B C D E N
6 O A B C D E N	14 O A B C D E N
7 O A B C D E N	
8 O A B C D E N	