INV FORM 43 (Rev. 4/06) **U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)** 

CASE NUMBER:

## INVESTIGATIVE REQUEST FOR EDUCATIONAL REGISTRAR AND DEAN OF STUDENTS RECORD DATA

U.S. GOVERNMENT USE ONLY

ting urity 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

CASE TYPE:

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 (LAS	T, FIRST, MIDDLE)		
OTHER NAMES U	SED		
DATE OF BIRT	Н	SOCIAL SECURITY NUMB	BER POSITION FOR WHICH INVESTIGATED
PLACE OF BIRTI	H		
THIS PERSON C	LAIMED ATTENDA	NCE AS FOLLOWS	
FROM (MO/YR)	TO (MO/YR)	SCHOOL NAME AND ADDR	RESS
DEGREE AND I	DATE (MO/YR)		
LAST CLAIMED	RESIDENCE DURI	NG PERIOD OF ATTENDANCE	

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

## MARKING **INSTRUCTIONS**

CORRECT MARK:

• USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.

**INCORRECT MARKS:** 

• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

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• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

## PLEASE COMPLETE THE ITEMS SHOWN BELOW

1	TO THE BEST OF YOUR KNOWLE RECORDS?	DGE, IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR
	a YES	b NO (List discrepancies in REMARKS section)
		c WE HAVE NO RECORD ON THIS PERSON
2	FOR INQUIRIES DIRECTED TO DE	AN OF STUDENTS: DO YOUR RECORDS CONTAIN ANY ADVERSE INFORMATION RELEVANT TO
	THIS PERSON?	
	a NO	b YES (Explain in REMARKS section)

IF ADDITIONAL REMARKS ARE PROVIDED BELOW, YOU MUST FILL IN THIS MARK
REMARKS

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

RESULTS			ISSUES/CHARACTERIZATION														
AC ACCEPTABLE	IS ISSUES		0	A	В	C	D	E	N	9	0	A	В	C	D	E	N
AA ACCEPTABLE/ATTACHED	PI CONFIDENTIAL/ISSUES	:	2 0	A	В	Ċ	D	E	N	10	0	A	В	C	D	E	N
PA CONFIDENTIAL/ACCEPTABLE	RECORD INCONCLUSIVE	:	3 0	A	В	C	D	E	N	11	0	A	B	C	D	E	N
NO PERTINENT INFORMATION	FR FEE REQUIRED		1 0	A	В	C	D	E	N	12	0	A	В	C	D	(E)	N
NB NO RECORD	RL RELEASE REQUIRED		5 0	A	В	C	D	E	N	13	0	A	B	C	D	(E)	N
NE NOT LOCATED	SK SUBJECT UNKNOWN	(	0	A	В	C	D	É	N	14	0	A	В	C	D	E	N
UC UNABLE TO CONTACT	NZ NOT AVAILABLE	:	7 0	A	В	C	D	E	N								
REFERRED	DN DISCREPANT		3 0	A	В	C	D	E	N								