

APPLICANT INFORMATION FORM

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name	*First Name
Middle Name 1	Middle Name 2

*Date of Birth:	*Place of Birth:	U.S. Citizen or Legal Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

*Height:	*Weight:
*Hair (please check appropriate box): <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde/Strawberry <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> Unknown <input type="checkbox"/> White	
*Eyes (please check appropriate box): <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolored <input type="checkbox"/> Pink <input type="checkbox"/> Unknown	

Applicant Home Address

*Address	
*City	*State
*Postal (Zip) Code	*Country
Phone Number	E-Mail

Mail Results to Address

C/O	ATTN
Address	
City	State
Postal (Zip) Code	Country
Phone Number (if different from above)	

Payment Enclosed: (please check appropriate box)

- CERTIFIED CHECK
 MONEY ORDER
 CREDIT CARD FORM

Reason for Request:

- Personal review
 Challenge information on your record
 Adoption of a child in the U.S.
 International adoption
 Live, work, or travel in a foreign country
 Other _____

* **APPLICANT SIGNATURE** _____ **DATE** _____

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Record Request
 1000 Custer Hollow Road
 Clarksburg, West Virginia 26306

You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.