

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

INVESTIGATIVE REQUEST FOR EDUCATIONAL REGISTRAR AND DEAN OF STUDENTS RECORD DATA

U.S. GOVERNMENT USE ONLY

F	UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
R	FEDERAL INVESTIGATIONS PROCESSING CENTER
O	PO BOX 618
M	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



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.

THIS PERSON CLAIMED ATTENDANCE AS FOLLOWS FROM (MO/YR) DEGREE AND DATE (MO/YR) LAST CLAIMED RESIDENCE DURING PERIOD OF ATTENDANCE OTHER NAMES USED POSITION FOR WHICH INVESTIGATED POSITION FOR WHICH INVESTIGATED	CASE NUMBER:		CASE TYPE:	ITEM NUMBER:	
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)	FULL NAME (LAS	T, FIRST, MIDDLE)			
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)					
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)	OTHER NAMES U	SED			
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THIS PERSON CLAIMED ATTENDANCE AS FOLLOWS FROM (MO/YR) TO (MO/YR) SCHOOL NAME AND ADDRESS DEGREE AND DATE (MO/YR)					
TO (MO/YR) SCHOOL NAME AND ADDRESS DEGREE AND DATE (MO/YR)	PLACE OF BIRT	H			
TO (MO/YR) SCHOOL NAME AND ADDRESS DEGREE AND DATE (MO/YR)					
DEGREE AND DATE (MO/YR)					
	FROM (MO/YR)	TO (MO/YR)	SCHOOL NAME AND AD	DRESS	
	DEGREE AND I	DATE (MO/YR)			
LAST CLAIMED RESIDENCE DURING PERIOD OF ATTENDANCE					
LAST CLAIMED RESIDENCE DURING PERIOD OF ATTENDANCE					
	LAST CLAIMED	RESIDENCE DURI	NG PERIOD OF ATTENDANC	E	

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. • DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

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PLEASE COMPLETE THE ITEMS SHOWN BELOW

- TO THE BEST OF YOUR KNOWLEDGE, IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR **RECORDS?**
 - **YES**

- NO (List discrepancies in REMARKS section) b
- WE HAVE NO RECORD ON THIS PERSON
- FOR INQUIRIES DIRECTED TO DEAN OF STUDENTS: DO YOUR RECORDS CONTAIN ANY ADVERSE INFORMATION RELEVANT TO THIS PERSON?
 - YES (Explain in REMARKS section) NO

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



PLEASE SIGN THIS FORM HERE	DATE
YOUR TITLE	DAYTIME TELEPHONE NUMBER
	(INCLUDE AREA CODE)
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	FOR OPM USI	SE O	NL	Y													
RESULT	3					18	SL	JES	S/CHAI	RACTER	NZ.	AT	10	ı			
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	Ĉ	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		4 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	Ė	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								
RR RECORD																	