

**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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[Empty box for recipient information]

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 | | | |

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

- a YES b NO (List discrepancies in REMARKS section)
 c WE HAVE NO RECORD ON THIS PERSON

2 FOR INQUIRIES DIRECTED TO DEAN 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) () |
| | |

FOR OPM USE ONLY

| RESULTS | | ISSUES/CHARACTERIZATION | |
|-----------------------------|------------------------|-------------------------|------------------|
| AC ACCEPTABLE | IS ISSUES | 1 O A B C D E N | 9 O A B C D E N |
| AA ACCEPTABLE/ATTACHED | PI CONFIDENTIAL/ISSUES | 2 O A B C D E N | 10 O A B C D E N |
| PA CONFIDENTIAL/ACCEPTABLE | RI RECORD INCONCLUSIVE | 3 O A B C D E N | 11 O A B C D E N |
| NI NO PERTINENT INFORMATION | FR FEE REQUIRED | 4 O A B C D E N | 12 O A B C D E N |
| NR NO RECORD | RL RELEASE REQUIRED | 5 O A B C D E N | 13 O A B C D E N |
| NL NOT LOCATED | SK SUBJECT UNKNOWN | 6 O A B C D E N | 14 O A B C D E N |
| UC UNABLE TO CONTACT | NZ NOT AVAILABLE | 7 O A B C D E N | |
| RF REFERRED | DN DISCREPANT | 8 O A B C D E N | |
| RR RECORD | | | |