

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 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. 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

[Empty box for other names used]

POSITION FOR WHICH INVESTIGATED

THIS PERSON CLAIMED THE FOLLOWING:

[Empty box for information claimed]

## 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 HOW LONG HAVE YOU KNOWN THIS PERSON?**  
 a  \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS      b  I DON'T KNOW THIS PERSON (DON'T COMPLETE OTHER ITEMS)

**2 MY ASSOCIATION WITH THIS PERSON IS/WAS AS A:**  
 a  COWORKER      c  FRIEND      e  FORMER SPOUSE      g  RELATIVE  
 b  NEIGHBOR      d  SPOUSE      f  INSTRUCTOR      h  OTHER (PLEASE EXPLAIN IN ITEM 8)

**3 ON THE AVERAGE, I ASSOCIATE(D) WITH THIS PERSON:**  
 a  DAILY      c  MONTHLY      e  ONCE EVERY YEAR OR 2  
 b  WEEKLY      d  TWICE A YEAR      f  ONCE IN 3 OR MORE YEARS

**4 I LAST ASSOCIATED WITH THIS PERSON:**  
 a  0 TO 3 MONTHS AGO      c  1 TO 3 YEARS AGO      e  MORE THAN 5 YEARS AGO  
 b  3 TO 12 MONTHS AGO      d  3 TO 5 YEARS AGO

**5 DOES THE INFORMATION ON THE FRONT OF THIS FORM CONCERNING THIS PERSON APPEAR TO BE CORRECT?**  
 a  YES      b  NO—IT APPEARS TO BE INCORRECT OR INCOMPLETE (SHOW CORRECT OR ADDITIONAL DATA IN ITEM 8)

**6 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 8)      d  I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

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

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

(IF YES, PLEASE EXPLAIN IN ITEM 8)

I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

**8 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 SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.

**9 DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?**  
 a  YES      c  I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE  
 b  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"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 4 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 5 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 6 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 7 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 8 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N	9 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 10 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 11 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 12 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 13 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N 14 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N
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