

## 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 – Summary Request**  
**1000 Custer Hollow Road**  
**Clarksburg, West Virginia 26306**

*You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.*