

## INVESTIGATIVE REQUEST FOR EDUCATIONAL REGISTRAR AND DEAN OF STUDENTS RECORD DATA

U.S. GOVERNMENT USE ONLY

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<b>U.S. Department of the Treasury</b> <b>Bureau of the Fiscal Service</b> <b>200 Third Street, Avery 4D</b> <b>Parkersburg, WV 26106</b>
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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.

**NOTICE UNDER THE PRIVACY ACT:** Title 5, Section 301 and Title 31, Section 321, of the U.S. Code authorizes collection of this information. The purpose for collecting this information is to enable the Bureau of the Fiscal Service (Fiscal Service) to make a determination about an individual's suitability for employment or a security clearance. The information you provide may be disclosed to the person being investigated and to other federal agencies. Furnishing the information on this form is voluntary, but without this information, Fiscal Service may be unable to make a determination about the individual's suitability for employment or a security clearance.

**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.**

<b>FULL NAME (LAST, FIRST, MIDDLE):</b>		
<b>OTHER NAMES USED:</b>		
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>POSITION FOR WHICH INVESTIGATED</b>
<b>PLACE OF BIRTH:</b>	<b>THIS PERSON CLAIMED ATTENDANCE AS FOLLOWS</b>	
<b>FROM (MO/YR):</b>	<b>SCHOOL NAME AND ADDRESS:</b>	
<b>TO (MO/YR):</b>		
<b>DEGREE AND DATE (MO/YR):</b>		

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address. Return the form in the enclosed envelope.**

**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?**

a  YES      b  NO (List discrepancies in REMARKS section)      c  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?**

a  YES      b  NO (Explain in REMARKS section)

**REMARKS**

**PLEASE SIGN THIS FORM HERE:**

**DATE:**

**YOUR TITLE:**

**DAYTIME TELEPHONE NUMBER:**  
(Include Area Code)