

INVESTIGATIVE REQUEST FOR LAW ENFORCEMENT DATA

U.S. GOVERNMENT USE ONLY

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

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INSTRUCTIONS: WE ARE CONDUCTING A BACKGROUND INVESTIGATION ON THE PERSON IDENTIFIED BELOW TO DETERMINE THIS PERSON'S ELIGIBILITY FOR FEDERAL EMPLOYMENT OR ACCESS TO CLASSIFIED INFORMATION. TO HELP 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.

THE U.S. DEPARTMENT OF THE TREASURY'S FEDERAL INVESTIGATIONS PROGRAM IS AN AUTHORIZED LAW ENFORCEMENT ACTIVITY REQUIRED BY STATUTE, PRESIDENTIAL EXECUTIVE ORDER AND FEDERAL REGULATIONS TO MAKE THIS INVESTIGATIVE INQUIRY.

- REQUEST COVERED BY THE SECURITY CLEARANCE INFORMATION ACT (P.L. 99-169)
 REQUEST NOT COVERED BY THE SECURITY CLEARANCE INFORMATION ACT

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.

FULL NAME (LAST, FIRST, MIDDLE):		
OTHER NAMES USED:		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	CURRENT RESIDENCE
POSITION FOR WHICH INVESTIGATED:		
THIS PERSON CLAIMS THE FOLLOWING CRIMINAL HISTORY RECORD AT YOUR LOCATION		
DATE (MO/YR):	DATE (MO/YR):	
OFFENSE:	OFFENSE:	
ACTION:	ACTION:	
LAW ENFORCEMENT AUTHORITY OR COURT		

PLEASE COMPLETE THE ITEMS SHOWN BELOW

MARK THE FOLLOWING AS APPLICABLE:

a WE HAVE NO RECORD ON THIS PERSON b RECORD INFORMATION SHOWN BELOW.

PLEASE PROVIDE DETAILS CONCERNING CRIMINAL HISTORY RECORD AND/OR OUTSTANDING WARRANTS). IF OUTSTANDING WARRANTS) EXIST, LIST THE NATURE OF THE ORIGINAL CHARGE. PLEASE SHOW THE EXACT NATURE OF THE CHARGE - DO NOT USE CODES OR ABBREVIATIONS.

DATE	OFFENSE	DISPOSITION AND DATE	LOCATION OF DISPOSITION (COURT & CITY)

REMARKS, ADDITIONAL INFORMATION THAT MAY HAVE A BEARING ON THIS PERSON'S ELIGIBILITY FOR FEDERAL EMPLOYMENT, ACCESS TO CLASSIFIED INFORMATION OR ASSIGNMENT TO SENSITIVE NATIONAL SECURITY DUTIES.

PLEASE SIGN THIS FORM HERE: _____ **DATE:** _____

YOUR TITLE: _____

DAYTIME TELEPHONE NUMBER:
(Include Area Code)