INV FORM 40 (Rev. 6/14) U.S. OFFICE OF PERSONNEL **MANAGEMENT (5 CFR 736)**

GENERAL REQUEST FOR INVESTIGATIVE INFORMATION U.S. GOVERNMENT USE ONLY

PO BOX 618 BOYERS, PA	VESTIGATIONS PR				
TIONS, We are	investigating the per	son identified below	w Diago coarch w	our recorde indication	ng the reco

PRIVACY ACT INFORMATION: This investigative inquiry is in possible of the person we are investigating. Information you provide, including your identity, will be disclosed to the person being investigated and other federal as 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

Componential on of this form as soon as possible will help this person and the agency perform their duties in a more timel of deficient manner.

CASE NUMBER:	CASE TYPE:	ITEM NUMBER:	
FULL NAME (LAST, FIRST, MIDDLE)			
OTHER NAMES USED			
DATE OF BIRTH	SOCIAL SECURITY N	UMBER	POSITION REQUIRING INVESTIGATION
PLACE OF BIRTH			
ADDITIONAL INFORMATION FOR YO	UR RECORD SEARCH		

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3/206-0165), Washington, DC 20415-7900. The OMB Number 3/206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this

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.

INCORRECT MARKS:

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

X





MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH

- A RECORD INFORMATION SHOWN BELOW
- B RECORD IS ATTACHED
- © NO PERTINENT INFORMATION

M REVIEW OVE INFORMATION VERIFIED

- F PREVIOUSLY FURNISHED (Explain in REMARKS section)
- **©** RECORD AT ANOTHER LOCATION (Enter address and ZIP code in REMARKS section)
- (H) NOT LOCATED (Explain in REMARKS section)
- NO RECORD

■ IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.	
REMARKS	
finit glan till om væg	
PRINT NAME:	
SIGNATURE:	DATE
YOUR TITLE/ORGANIZATION:	DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)
	()

FOR OPM USE ONLY																	
RESULTS							ISS	SUE	ES/CHARACT	ERIZA	ATIC	NC					
AC ACCEPTABLE	IS ISSUES	1 0	0	A	B	C	D	E	(N)	9	0	(A)	B	C	(D)	E	N
AA ACCEPTABLE/ATTACHED	PD CONFIDENTIAL/ISSUES	2	0	A	B	C	(D)	E	N	10	0	(A)	(B)	C	(D)	E	N
PA CONFIDENTIAL/ACCEPTABLE	RECORD INCONCLUSIVE	3	0	A	B	C	D	E	(N)	11	0	A	(B)	C	D	E	N
NO PERTINENT INFORMATION	FEE REQUIRED	4	0	A	B	C	D	E	N	12	0	(A)	(B)	C	D	E	N
NO RECORD	RD RELEASE REQUIRED	5	0	A	B	C	0	E	N	13	0	(A)	(B)	C	(D)	E	(N)
NOT LOCATED	SK SUBJECT UNKNOWN	6	0	A	B	C	0	E	N	14	0	(A)	B	C	D	(E)	N
UC UNABLE TO CONTACT	NOT AVAILABLE	7	0	A	B	C	D	E	N								
RE REFERRED	ON DISCREPANT	8	0	A	B	C	0	(E)	N								
RR RECORD																	

INV FORM 41 (Rev. 6/14) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

INVESTIGATIVE REQUEST FOR EMPLOYMENT DATA AND SUPERVISOR INFORMATION

U.S. GOVERNMENT USE ONLY

R FEDE		TIGATION	OF PERSONNEL MA IS PROCESSING C						
background clearance. To and return the we send a set therefore ple PRIVACY ACT protecting the disclosed to the Code of Federa promise that y contact inform CERTIFICATION.	investigation of help us made form in the eparate inquitase do not form. INFORMATION Civil rights of the person being a Regulations four identity wation. For billion of the person file. If a coordinate of the person file.	n to help ke this det e enclosed by to the p prward this N: This invo the person g investigat part 736.10 ill be kept on gadditiona	een provided by the us determine this termination, we ask envelope. Dersonnel office and so for completion by estigative inquiry is in we are investigating. The ted and other federal end of the federal end information on this federal information on this federal in order to compare the federal end in order to c	l each supervises someone else. full compliance vinformation y gencies, at this p ficant information dicate this in writer more will void your en written conservation.	itability lete all i or show with the F rou provi person's i which y ting on t r request	for employment items on the back on on the person's privacy Act of 1974 and de, including your idrequest. In compliance ou feel unable to furn the reverse and only for confidentiality.	or security of this form application; ad other laws entity, will be e with Title 5 aish without a provide your iry. We keep		
Completitimely ar	of this for	m as soc anner.	on as possible w	ll help this pe	erson a	and the agency p	erform the	ir duties in	a more
CASE NUMBE	R:		CASE TYPE:	ITEM	NUMBE	R:			
FULL NAME (L	AST, FIRST, MI	DDLE)							
OTHER NAME	CHEED				V-1.5-00000120				
OTHER NAME	O OGLD								
DATE OF	BIRTH		SOCIAL SECURI	TY NUMBER		POSITIO	ON REQUIRING I	INVESTIGATION	N
PLACE OF B	IRTH								
CLAIMED EMP									
FROM	то	POS	BITION			NAME OF SUPERVIS	SOR		
ACTUAL JOB	LOCATION (IF E	DIFFERENT T	HAN ABOVE ADDRESS						

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this address.

MARKING **INSTRUCTIONS**

CORRECT MARK:

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• DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.

•

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

V



INCORRECT MARKS:



PLEASE COMPLETE THE ITEMS SHOWN BELOW

1	IS THE INFORMATION ON THE FRONT	OF THIS FORM THE SAME AS SHOWN	IN YOUR RECORDS?						
	a YES b NO (Please	e explain in item 6)	c WE HAVE NO RECOR	RD ON THIS PERSON					
2	MARK ONE OF THE FOLLOWING PERT	TAINING TO THIS PERSON'S EMPLOYM	ENT:						
	a SUBJECT CURRENTLY EMPLOY	ED HERE	d LEFT EMPLOYMENT VOLUN ENTIRELY FAVORABLE (Plea						
	b LEFT EMPLOYMENT VOLUNTAR ENTIRELY FAVORABLE	ILY/EMPLOYMENT	FIRED FOR UNFAVORABLE CONDUCT (Please explain in						
	c SEPARATED BECAUSE OF COM WORKFORCE OR CHANGE IN S		f RESIGNED AFTER INFORME FIRING (Please explain in iter						
			g LEFT EMPLOYMENT BY MU TO SPECIFIC PROBLEMS (P	TUAL AGREEMENT DUE llease explain in item 6)					
3	IS THIS PERSON ELIGIBLE FOR REHIF	E?							
		TO COMPANY POLICY AND/OR TED TO UNFAVORABLE EMPLOYMENT	C ONO - FOR REASONS EMPLOYMENT (Pleas	RELATING TO UNFAVORABLE se explain in item 6)					
4	DO YOU HAVE ANY REASON TO QUES	TION THIS PERSON'S HONESTY OR TR	RUSTWORTHINESS?						
	a NO	c OID	O NOT KNOW THIS PERSON WELL I	ENOUGH TO RESPOND					
<u></u>	b YES (Please explain in item 6)		ISH TO DISCUSS THE ADVERSE INF						
5	DO YOU HAVE ANY ADVERSE INFORM	ATION ABOUT THIS PERSON'S EMPLO	YMENT, RESIDENCE OR ACTIVITIES	CONCERNING:					
	YES NO	YES NO	YES NO						
	a O VIOLATIONS OF THE LAW	d O ABUSE OF IRUGS		ENERAL BEHAVIOR OR CONDUCT					
	b C FINANCES	e O MENTAL OR EMOTIONAL	STABILITY g O OT	HER MATTERS					
	c ABUSE OF ALCOHOL	(If YES to any of these questions							
6		I WISH TO DISCUSS THE ADVERSE PROVIDED BELOW, YOU MUST FILL IN							
7	7 DO YOU RECOMMEND THIS PER FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?								
H	a O YES			NOUGH TO MAKE A RECOMMENDATION					
	b NO (Please explain in item 6)								
PF	RINT NAME:								
SI	GNATURE:			DATE					
YC	OUR TITLE/ORGANIZATION:			DAYTIME TELEPHONE NUMBER					
				(INCLUDE AREA ()					
		FOR OPM U							
	RESU			HARACTERIZATION					
	AC ACCEPTABLE	IS ISSUES	1 (0 (A) (B) (C) (D) (E) (N)						
	AA ACCEPTABLE/ATTACHED	P CONFIDENTIAL/ISSUES		9 0 A B C D E N					
			2 (O (A) (B) (C) (D) (E) (N)	10 0 A B C D E N					
	PA CONFIDENTIAL/ACCEPTABLE	RECORD INCONCLUSIVE	3 0 A B C D E N	10 0 A B C D E N 11 0 A B C D E N					
	NO PERTINENT INFORMATION	FR FEE REQUIRED	3 0 A B C D E N 4 0 A B C D E N	10 0 A B C D E N 11 0 A B C D E N 12 0 A B C D E N					
	NO PERTINENT INFORMATION NB NO RECORD	FR FEE REQUIRED RD RELEASE REQUIRED	3 O A B C D E N 4 O A B C D E N 5 O A B C D E N	10 0 A B C D E N 11 0 A B C D E N 12 0 A B C D E N 13 0 A B C D E N					
	NO PERTINENT INFORMATION NO NO RECORD NO NOT LOCATED	FR FEE REQUIRED RL RELEASE REQUIRED SK SUBJECT UNKNOWN	3 O A B C D E N 4 O A B C D E N 5 O A B C D E N 6 O A B C D E N	10 0 A B C D E N 11 0 A B C D E N 12 0 A B C D E N					
	NO PERTINENT INFORMATION NB NO RECORD	FR FEE REQUIRED RD RELEASE REQUIRED	3 O A B C D E N 4 O A B C D E N 5 O A B C D E N	10 0 A B C D E N 11 0 A B C D E N 12 0 A B C D E N 13 0 A B C D E N					

INV FORM 42 (Rev. 6/14) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

INVESTIGATIVE REQUEST FOR PERSONAL INFORMATION U.S. GOVERNMENT USE ONLY

F R O VI	UNITED STATES OFFICE OF PERSONNEL MANAGEMENT FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618	
7		

INSTRUCTIONS: Your name has been provided by the person identified below to assist in completing a background investigation to help us determine this person stability for employment or security clearance. To help us make this determination, we ask that you complete all items 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. Information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request. In compliance with Title 5 Code of Federal Regulations, Part 736.102(c), if you have significant information which you feel unable to furnish without a promise that your identity will be kept confidential, please indicate this in writing on the reverse and only provide your contact information.

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.

Cipletion of this form as soon as possible will help this person and the agency perform their duties in a more tipe and efficient manner.

CASE NUMBER:

CASE TYPE:

ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)

OTHER NAMES USED

POSITION REQUIRING INVESTIGATION

THIS PERSON CLAIMED THE FOLLOWING:

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3/206-0/165), Washington, DC 20415-7900. The OMB Number 3/206-0/165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this address.

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.

INCORRECT MARKS:

• DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

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1	HOW LONG HAVE YOU KNOWN THI	S PERSON?		
	aYEARSMOI	NTHS	b O I DON'T KNO	W THIS PERSON (DON'T COMPLETE OTHER ITEMS)
2	MY ASSOCIATION WITH THIS PERS	ON IS/WAS AS A:		
_	a COWORKER c	FRIEND	e O FORMER SPOUSE	g O RELATIVE
			f O INSTRUCTOR	h OTHER (PLEASE EXPLAIN IN ITEM 8)
3	ON THE AVERAGE, I ASSOCIATE(D)			" OTHER (FEEAULEX FAIR IN TENTO)
U	a O DAILY	c O MONTHLY		ONCE EVERY YEAR OR 2
	b WEEKLY	d TWICE A YEAR	H I	ONCE IN 3 OR MORE YEARS
4	I LAST ASSOCIATED WITH THIS PE			
	a 0 TO 3 MONTHS AGO	c 1 TO 3 YEARS	S 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 F	RONT OF THIS FORM	CONCERNING THIS PERSON	APPEAR TO BE CORRECT?
	a YES b NO-IT APPEA	ARS TO BE INCORREC	T OR INCOMPLETE (SHOW CORRECT	T OR ADDITIONAL DATA IN ITEM 8)
6	DO YOU HAVE ANY REASON TO QU	ESTION THIS PERSO	N'S HONESTY OR TRUSTWORT	THINESS?
	a NO		c O I DO NOT KNOW THIS	PERSON WELL ENOUGH TO RESPOND
	b YES (PLEASE EXPLAIN IN ITE	(8 M:		HE ADVERSE INFORMATION I HAVE
7				ESIDENCE OR ACTIVITIES CONCERNING:
-		YES NO	S PERSON S EMPLOTMENT, RE	YES NO
	YES NO	0.0000000000000000000000000000000000000	200100	
	a O VIOLATIONS OF THE LAW			f GENERAL BEHAVIOR OR CONDUCT
	b O FINANCES	e O O MENTAL O	R EMOTIONAL STABILITY	g O OTHER MATTERS
	c ABUSE OF ALCOHOL			(IF YES, PLEASE EXPLAIN IN ITEM 8)
		I WISH TO DISCUSS	THE ADVERSE INFORMATION	I HAVE
8			V, YOU MUST FILL IN THIS MAR	K. PER O'S SUITABILITY FOR GOVERNMENT
	EMPLOYMENT OR A SECUR INFORMATION, A CONFIDENT	TALITY REQUEST, AL	A)R COPY OF CONSENT REQ	UEST.
	INFORMATION, A CONFIDENT	TIALITY REQUEST, A	A)R COPY OF CONSENT REQ	UEST.
	INFORMATION, A CONFIDENT	TIALITY REQUEST, AL		
9	DO YOU RECOMMEND THE PERSO	TIALITY REQUEST, AL	T SECURITY CLEARANCE OR E	EMPLOYMENT?
9	DO YOU RECOMMEND THE RSC	ON FOR GOVERNMENT	T SECURITY CLEARANCE OR E C O I DON'T KNOW THIS PI	
	DO YOU RECOMMEND THE RSC a YES	ON FOR GOVERNMENT	T SECURITY CLEARANCE OR E	EMPLOYMENT?
	DO YOU RECOMMEND THE RSC	ON FOR GOVERNMENT	T SECURITY CLEARANCE OR E C O I DON'T KNOW THIS PI	EMPLOYMENT?
PR	DO YOU RECOMMEND THE RISC A YES b NO (PLEASE EXPLAIN IN ITE!	ON FOR GOVERNMENT	T SECURITY CLEARANCE OR E C O I DON'T KNOW THIS PI	EMPLOYMENT? ERSON WELL ENOUGH TO MAKE
PR	DO YOU RECOMMEND THE RSC a YES	ON FOR GOVERNMENT	T SECURITY CLEARANCE OR E C O I DON'T KNOW THIS PI	EMPLOYMENT?
PR	DO YOU RECOMMEND THE RISC A YES b NO (PLEASE EXPLAIN IN ITE!	ON FOR GOVERNMENT	T SECURITY CLEARANCE OR E C O I DON'T KNOW THIS PI	EMPLOYMENT? ERSON WELL ENOUGH TO MAKE
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PR	DO YOU RECOMMEND THE RSC a YES b NO (PLEASE EXPLAIN IN ITE!	ON FOR GOVERNMENT M 8) FOR	T SECURITY CLEARANCE OR E C O I DON'T KNOW THIS PE A RECOMMENDATION	DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)
PR	DO YOU RECOMMEND THE RISC A YES B NO (PLEASE EXPLAIN IN ITEL RINT NAME: CONTROL OF THE RINT NAME: CO	ON FOR GOVERNMENT M 8) FOR	T SECURITY CLEARANCE OR E C I DON'T KNOW THIS PE A RECOMMENDATION R OPM USE ONLY 1 0 A B C	DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) DSSUES/CHARACTERIZATION D E N 9 0 A B C D E N
PR	DO YOU RECOMMEND THE RISC ACCEPTABLE	ON FOR GOVERNMENT M 8) FOR	T SECURITY CLEARANCE OR E C I DON'T KNOW THIS PE A RECOMMENDATION ROPM USE ONLY 1 0 A B C 2 0 A B C	DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) DE N 9 0 A B C D E N 10 0 A B C D E N
PR	DO YOU RECOMMEND THE RSC a YES b NO (PLEASE EXPLAIN IN ITELE RESULT AC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE/ATTACHED PA CONFIDENTIAL/ACCEPTABLE	FOR S ISSUES CONFIDENTIAL/I RECORD INCON	T SECURITY CLEARANCE OR E C I DON'T KNOW THIS PI A RECOMMENDATION ROPM USE ONLY 1 0 A B C 2 0 A B C 3 0 A B C	DATE DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) SSUES/CHARACTERIZATION DEN 9 0 A B C D E N 10 0 A B C D E N 11 0 A B C D E N
PR	DO YOU RECOMMEND THE RSC a YES b NO (PLEASE EXPLAIN IN ITEE RINT NAME: GNATURE: PA CACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE NO PERTINENT INFORMATION	FOR S S S S S S S S S S S S S	T SECURITY CLEARANCE OR E C O I DON'T KNOW THIS PI A RECOMMENDATION ROPM USE ONLY 1 0 A B C 2 0 A B C 4 0 A B C	DATE DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) DE N 9 0 A B C D E N D E N 11 0 A B C D E N D E N 12 0 A B C D E N
PR	DO YOU RECOMMEND THE RSC a YES b NO (PLEASE EXPLAIN IN ITEL RINT NAME: GNATURE: PAC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE AA CONFIDENTIAL/ACCEPTABLE NO PERTINENT INFORMATION NO RECORD	FOR IS ISSUES P CONFIDENTIAL/I R RECORD INCON- FREE REQUIRED RURELEASE REQUI	T SECURITY CLEARANCE OR E C I DON'T KNOW THIS PE A RECOMMENDATION ROPM USE ONLY 1 0 A B C 2 0 A B C 4 0 A B C 4 0 A B C 5 0 A B C	DATE DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) SSUES/CHARACTERIZATION DEN 9 0 A B C D E N DEN 11 0 A B C D E N DEN 11 0 A B C D E N DEN 12 0 A B C D E N DEN 13 0 A B C D E N
PR	DO YOU RECOMMEND THE RSC a YES b NO (PLEASE EXPLAIN IN ITEL RINT NAME: GNATURE: DUR TITLE: RESULT AC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE/ATTACHED PA CONFIDENTIAL/ACCEPTABLE NO PERTINENT INFORMATION NB NO RECORD NL NOT LOCATED	FOR S S S S S S S S S S S S S	T SECURITY CLEARANCE OR E C I DON'T KNOW THIS PE A RECOMMENDATION ROPM USE ONLY 1 0 A B C 2 0 A B C 4 0 A B C 4 0 A B C 5 0 A B C 0 A B C 0 A B C 0 A B C	DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) SSUES/CHARACTERIZATION DEN 9 0 A B C D E N D E N 10 0 A B C D E N D E N 11 0 A B C D E N D E N 12 0 A B C D E N D E N 12 0 A B C D E N D E N 13 0 A B C D E N D E N 14 0 A B C D E N
PR	DO YOU RECOMMEND THE RSC a YES b NO (PLEASE EXPLAIN IN ITEL RINT NAME: GNATURE: DUR TITLE: RESULT AC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE NO PERTINENT INFORMATION NO RECORD NU NOT LOCATED UC UNABLE TO CONTACT	FOR GOVERNMENT M 8) FOR GOVER	T SECURITY CLEARANCE OR E C I DON'T KNOW THIS PE A RECOMMENDATION R OPM USE ONLY 1 0 A B C 2 0 A B C 4 0 A B C 4 0 A B C 5 0 A B C 7 0 A B C	DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) DEN 9 0 A B C D E N D E N 10 0 A B C D E N D E N 11 0 A B C D E N D E N 12 0 A B C D E N D E N 13 0 A B C D E N D E N 13 0 A B C D E N D E N 14 0 A B C D E N
PR	DO YOU RECOMMEND THE RSC a YES b NO (PLEASE EXPLAIN IN ITEL RINT NAME: GNATURE: DUR TITLE: RESULT AC ACCEPTABLE AA ACCEPTABLE AA ACCEPTABLE/ATTACHED PA CONFIDENTIAL/ACCEPTABLE NO PERTINENT INFORMATION NB NO RECORD NL NOT LOCATED	FOR S S S S S S S S S S S S S	T SECURITY CLEARANCE OR E C I DON'T KNOW THIS PE A RECOMMENDATION ROPM USE ONLY 1 0 A B C 2 0 A B C 4 0 A B C 4 0 A B C 5 0 A B C 0 A B C 0 A B C 0 A B C	DATE DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE) DEN 9 0 A B C D E N D E N 10 0 A B C D E N D E N 11 0 A B C D E N D E N 12 0 A B C D E N D E N 13 0 A B C D E N D E N 13 0 A B C D E N D E N 14 0 A B C D E N

INV FORM 43 (Rev. 6/14) U.S. OFFICE OF PERSONNEL **MANAGEMENT (5 CFR 736)**

INVESTIGATIVE REQUEST FOR **EDUCATIONAL RECORD DATA**

U.S. GOVERNMENT USE ONLY

FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618

pleting 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.

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Completion of this form as soon as possible will help this person and the agency perform their duties in a more time and efficient manner.

	NUN	

CASE TYPE:

ITEM NUMBER:

FULL NAME (LAST	T, FIRST, MIDDLE)		
OTHER NAMES US	SED		
DATE OF BIRT	Н	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION
PLACE OF BIRTH	1		
THIS PERSON CI	LAIMED ATTENDA	NCE AS FOLLOWS	
FROM (MO/YR)	TO (MO/YR)	SCHOOL NAME AND ADDRESS	
DEGREE AND D	DATE (MO/YR)		
LAST CLAIMED F	RESIDENCE DURI	NG PERIOD OF ATTENDANCE	

PUBLIC BURDEN INFORMATION: We estimate the Public Burden for this collection of information is approximately 5 minutes per response. This includes time for reviewing the instructions, gathering the information requested, and completing and returning the form. You may send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Forms Officer, Paperwork Reduction Act (3206-0165), Washington, DC 20415-7900. The OMB Number 3206-0165 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed. Do not send your completed form to this

	MARKIN INSTRUCTI		
• [JSE A NO. 2 PENCIL OR BLUE OR BL DO NOT USE PENS WITH INK THAT S DO NOT MAKE ANY STRAY MARKS O	OAKS THROUGH THE PAPER.	INCORRECT MARKS:
	E COMPLETE THE IT		LOW/
TO THE BEST OF YOUR KNOWLED			
RECORDS?	,		
a YES	b NO (List disc	crepancies in REMARKS section)	
	c WE HAVE N	O RECORD ON THIS PERSON	\bigcirc
DO YOUR RECORDS CONTAIN ANY	ADVERSE INFORMATION RELEVAN	NT TO THIS PERSON?	
a ONO	b YES (Explain	in REMARKS section)	
IF ADDITIONAL REMARKS ARE PR	OVIDED RELOW YOU MUST FILL	IN THIS MARK	
EMARKS	TOVIDED BELOW, 100 MUST FILE	IN THIS MARK	
INT NAME:			
		•	
GNATURE:			DATE
OUR TITLE/ORGANIZATION:			(INCLUDE AREA CODE)
			()
RESUL	FOR OPM US		ARACTERIZATION
AC ACCEPTABLE	IS ISSUES	1 0 A B C D E N	9 O A B C D E N
AA ACCEPTABLE/ATTACHED	P CONFIDENTIAL/ISSUES	2 O A B C D E N	10 0 A B C D E N
PA CONFIDENTIAL/ACCEPTABLE	RECORD INCONCLUSIVE	3 O A B C D E N	11 0 A B C D E N
NO PERTINENT INFORMATION NB NO RECORD	RU RELEASE REQUIRED	4 0 A B C D E N 5 0 A B C D E N	12 (0 (A) (B) (C) (D) (E) (N) 13 (0 (A) (B) (C) (D) (E) (N)
NO NOT LOCATED	SUBJECT UNKNOWN	60ABCDEN	14 0 A B C D E N
UC UNABLE TO CONTACT	NOT AVAILABLE	7 0 A B C D E N	
REFERRED	DN DISCREPANT	8 0 A B C D E N	

RR RECORD

INV FORM 44 (Rev. 6/14) U.S. OFFICE OF PERSONNEL MANAGEMENT (5 CFR 736)

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

INVESTIGATIVE REQUEST FOR LAW ENFORCEMENT DATA

U.S. GOVERNMENT USE ONLY

-		ATIONS PROCESSING CEN	ITER	
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eligibi	lity for federal employmen	ting a background investigation It or access to classified informa f this form and return the form in	ation. To help make th	d below to determine the state of the state
DDIVA	CV ACT INFORMATION: T	hie investigative inquiry is in ful	I compliance with the I	Privacy Act of 1974 and other laws
protec	ting the civil rights of the	person we are investigating.	nformation you provi	de, including your identity, will be
disclo	sed to the person being in	vestigated and other federal ag	es, at this person's re	equest.
CERTI	IFICATION: The person we	are investigating has given wri	tten consent for this in	vestigative inquiry. We keep that
conse	nt on file. If a copy is red	quired in order to complete this	form, please indicate	this requirement in writing on the
revers	e.			
The U	.S. Office of Personnel M	anagement's Federal Investigati	ons Program is an au	thorized law enforcement activity
require	ed by Statute, Presidential	Executive Order and Federal Reg	julations to make this in	nvestigative inquiry.
	Request covered by the	ne Security Clearance Informati	on Act (P.L. 99-169)	
	Request not covered by	by the Security Clearance Inform	nation Act	
Co tin	etion of this form	as soon as possible will l ner.	nelp this person a	and the agency perform their duties in a more
CASE	NUMBER:	CASE TYPE:	ITEM NUMBER	R:
FULI	L NAME (LAST, FIRST, MI	DDLE)		
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ОТН	ER NAMES USED	· · · · · · · · · · · · · · · · · · ·		
D	ATE OF BIRTH	SOCIAL SECURITY	NUMBER	POSITION REQUIRING INVESTIGATION
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PLA	CE OF BIRTH			
	CE OF BIRTH RENT RESIDENCE			
CUR	RENT RESIDENCE	THE FOLLOWING CRIMII	NAL HISTORY RE	CORD AT YOUR LOCATION
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CUR THIS	RENT RESIDENCE S PERSON CLAIMS	THE FOLLOWING CRIMII		D/YR)
CUR THIS	S PERSON CLAIMS E (MO/YR) ENSE:	THE FOLLOWING CRIMI	DATE (MC	D/YR)
THIS DATE OFFI	S PERSON CLAIMS E (MO/YR) ENSE:		DATE (MO	D/YR) E:
THIS DATE OFFI	S PERSON CLAIMS E (MO/YR) ENSE:		DATE (MO OFFENSE ACTION:	D/YR) E:
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THIS DATE OFFI	S PERSON CLAIMS E (MO/YR) ENSE:	LAW ENFOR	DATE (MC OFFENSE ACTION: CEMENT AUTHORITY	O/YR) E: OR COURT
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THIS DATE OFFI	S PERSON CLAIMS E (MO/YR) ENSE:	LAW ENFOR	DATE (MC OFFENSE ACTION: CEMENT AUTHORITY	O/YR) E: OR COURT

		MARKING INSTRUCTIONS	
COI	• DO	E A NO. 2 PENCIL OR BLUE OR BLACK INK PEN NOT USE PENS WITH INK THAT SOAKS THROU NOT MAKE ANY STRAY MARKS ON THIS SHEE	GH THE PAPER.
	PLEASE	COMPLETE THE ITEMS SI	HOWN BELOW
1 MARK	THE FOLLOWING AS APPLICA	BLE:	
a 🔾	WE HAVE NO RECORD ON THIS	PERSON. b RECORD INFORMATION	SHOWN BELOW.
IF OU	TSTANDING WARRANT(S) EXIS	NING CRIMINAL HISTORY RECORD AND/OR O T, LIST THE NATURE OF THE ORIGINAL CHAR OF THE CHARGE - DO NOT USE CODES OR A	GE.
DATE	OFFENSE	DISPOSITION AND DATE	LOCATION OF DISPOSITION (COURT & CITY)
REM. EMPI	ARKS. ADDITIONAL INFORI	IS PROVIDED BELOW, YOU MUST FILL IN THIS MATION THAT MAY HAVE A BEARING OF SSIFIED INFORMATION OR ASSIGNMENT	MARK. N THIS PER I'S ELIGIBILITY FOR FEDERAL TO SENSIT HE NATIONAL SECURITY DUTIES.
nering the in ucing compl d. OPM may	nformation requested, and completing an etion time, to the Office of Personnel Mar y not collect this information, and you are	d returning the form. You may send comments regarding or	ur estimate or any other aspect of this form, including suggestions to), Washington, DC 20415-7900. The OMB Number 3206-0165 is curren
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NZ NOT AVAILABLE

DN DISCREPANT

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REFERRED

RR RECORD

UC UNABLE TO CONTACT