

GENERAL REQUEST FOR  
INVESTIGATIVE 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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**INSTRUCTIONS:** We are investigating the person identified below. Please search your records, indicating the results by marking one of the ovals on the reverse of this form. If any pertinent information is contained in your records, please send a photocopy as an attachment to this form. If a photocopy is not available, report the pertinent information in the "remarks" section. Please return the completed form, with any attachments to the Office of Personnel Management at the address shown above.

**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.

**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 form 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		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION
PLACE OF BIRTH	ADDITIONAL INFORMATION FOR YOUR RECORD SEARCH	

## 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:**



## MARK THE OVAL CORRESPONDING TO THE RESULTS OF YOUR RECORD SEARCH

- |  |   |
|--|---|
| <p><b>(A)</b> RECORD INFORMATION SHOWN BELOW</p> <p><b>(B)</b> RECORD IS ATTACHED</p> <p><b>(C)</b> NO PERTINENT INFORMATION</p> <p><b>(D)</b>  PM REVIEW</p> <p><b>(E)</b> ABOVE INFORMATION VERIFIED</p> | <p><b>(F)</b> PREVIOUSLY FURNISHED (Explain in REMARKS section)</p> <p><b>(G)</b> RECORD AT ANOTHER LOCATION (Enter address and ZIP code in REMARKS section)</p> <p><b>(H)</b> NOT LOCATED (Explain in REMARKS section)</p> <p><b>(I)</b> NO RECORD</p> |
|--|---|

**IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.**

### REMARKS

**PRINT NAME:**

**SIGNATURE:**

**DATE**

**YOUR TITLE/ORGANIZATION:**

**DAYTIME TELEPHONE NUMBER**

(INCLUDE AREA CODE)

(       )

### FOR OPM USE ONLY

**RESULTS**

**ISSUES/CHARACTERIZATION**

- |  |   |
|--|---|
| <p><b>AC</b> ACCEPTABLE</p> <p><b>AA</b> ACCEPTABLE/ATTACHED</p> <p><b>PA</b> CONFIDENTIAL/ACCEPTABLE</p> <p><b>NI</b> NO PERTINENT INFORMATION</p> <p><b>NR</b> NO RECORD</p> <p><b>NL</b> NOT LOCATED</p> <p><b>UC</b> UNABLE TO CONTACT</p> <p><b>RF</b> REFERRED</p> <p><b>RR</b> RECORD</p> | <p><b>(IS)</b> ISSUES</p> <p><b>(PI)</b> CONFIDENTIAL/ISSUES</p> <p><b>(RI)</b> RECORD INCONCLUSIVE</p> <p><b>(FR)</b> FEE REQUIRED</p> <p><b>(RL)</b> RELEASE REQUIRED</p> <p><b>(SK)</b> SUBJECT UNKNOWN</p> <p><b>(NZ)</b> NOT AVAILABLE</p> <p><b>(DN)</b> DISCREPANT</p> |
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- |   |  |
|---|--|
| <p>1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>2 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>7 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>8 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> | <p>9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>10 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>11 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>13 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> <p>14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N</p> |
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INVESTIGATIVE REQUEST FOR EMPLOYMENT  
DATA AND SUPERVISOR 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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**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.

We send a separate inquiry to the personnel office and each supervisor shown on the person's application; therefore please do not forward this for completion by someone else.

**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. Providing additional information on this form will void your request for confidentiality.

**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 form 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			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION	
PLACE OF BIRTH			
CLAIMED EMPLOYMENT			
FROM	TO	POSITION	NAME OF SUPERVISOR
ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE 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.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

**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 explain in item 6)      c  WE HAVE NO RECORD ON THIS PERSON

**2** MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:  
 a  SUBJECT CURRENTLY EMPLOYED HERE      d  LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)  
 b  LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE      e  FIRED FOR UNFAVORABLE EMPLOYMENT OR CONDUCT (Please explain in item 6)  
 c  SEPARATED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS      f  RESIGNED AFTER INFORMED OF POSSIBLE FIRING (Please explain in item 6)  
 g  LEFT EMPLOYMENT BY MUTUAL AGREEMENT DUE TO SPECIFIC PROBLEMS (Please explain in item 6)

**3** IS THIS PERSON ELIGIBLE FOR REHIRE?  
 a  YES      b  NO – DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT      c  NO – FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)

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

**5** DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:  
 YES NO      YES NO      YES NO  
 a   VIOLATIONS OF THE LAW      d   ABUSE OF DRUGS      f   GENERAL BEHAVIOR OR CONDUCT  
 b   FINANCES      e   MENTAL OR EMOTIONAL STABILITY      g   OTHER MATTERS  
 c   ABUSE OF ALCOHOL      (If YES to any of these questions, please explain in item 6)  
 I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

**6** 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 A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION, A CONFIDENTIALITY REQUEST, AND/OR A COPY OF CONSENT REQUEST.**

**7** DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?  
 a  YES      c  I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION  
 b  NO (Please explain in item 6)

**PRINT NAME:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUR TITLE/ORGANIZATION:** \_\_\_\_\_ **DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_  
(INCLUDE AREA CODE) ( )

#### FOR OPM USE ONLY

RESULTS	ISSUES/CHARACTERIZATION
AC ACCEPTABLE	1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
AA ACCEPTABLE/ATTACHED	2 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
PA CONFIDENTIAL/ACCEPTABLE	3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
NI NO PERTINENT INFORMATION	4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
NB NO RECORD	5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
NL NOT LOCATED	6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
UC UNABLE TO CONTACT	7 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
RF REFERRED	8 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
RR RECORD	9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
IS ISSUES	10 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
PI CONFIDENTIAL/ISSUES	11 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
RI RECORD INCONCLUSIVE	12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
FR FEE REQUIRED	13 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
RL RELEASE REQUIRED	14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
SK SUBJECT UNKNOWN	
NZ NOT AVAILABLE	
DN DISCREPANT	

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  
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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. 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. Providing additional information on this form will void your request for confidentiality.

**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 form 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
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 (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 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="radio"/> <input type="radio"/> VIOLATIONS OF THE LAW	d <input type="radio"/> <input type="radio"/> ABUSE OF DRUGS	f <input type="radio"/> <input type="radio"/> GENERAL BEHAVIOR OR CONDUCT
b <input type="radio"/> <input type="radio"/> FINANCES	e <input type="radio"/> <input type="radio"/> MENTAL OR EMOTIONAL STABILITY	g <input type="radio"/> <input type="radio"/> OTHER MATTERS
c <input type="radio"/> <input type="radio"/> ABUSE OF ALCOHOL	(IF YES, PLEASE EXPLAIN IN ITEM 8)	

I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

**8** 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 A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION, A CONFIDENTIALITY REQUEST, AND/OR COPY OF CONSENT REQUEST.

**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 A RECOMMENDATION  
 b  NO (PLEASE EXPLAIN IN ITEM 8)

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUR TITLE:** \_\_\_\_\_ **DAYTIME TELEPHONE NUMBER** \_\_\_\_\_  
(INCLUDE AREA CODE)

### FOR OPM USE ONLY

RESULTS	ISSUES/CHARACTERIZATION
AC ACCEPTABLE	1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N
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SK SUBJECT UNKNOWN	
NZ NOT AVAILABLE	
DN DISCREPANT	

INVESTIGATIVE REQUEST FOR  
EDUCATIONAL RECORD DATA  
U.S. GOVERNMENT USE ONLY

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UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
FEDERAL INVESTIGATIONS PROCESSING CENTER  
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CASE NUMBER: CASE TYPE: ITEM NUMBER:

FULL NAME (LAST, FIRST, MIDDLE)		
OTHER NAMES USED		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION
PLACE OF BIRTH		
THIS PERSON CLAIMED ATTENDANCE AS FOLLOWS		
FROM (MO/YR)	TO (MO/YR)	SCHOOL NAME AND ADDRESS
DEGREE AND DATE (MO/YR)		
LAST CLAIMED RESIDENCE DURING PERIOD OF ATTENDANCE		

## 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** 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

**2** DO YOUR RECORDS CONTAIN ANY ADVERSE INFORMATION RELEVANT TO THIS PERSON?

- a  NO
- b  YES (Explain in REMARKS section)

**IF ADDITIONAL REMARKS ARE PROVIDED BELOW, YOU MUST FILL IN THIS MARK**

**REMARKS**

**PRINT NAME:**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**YOUR TITLE/ORGANIZATION:** \_\_\_\_\_ **DAYTIME TELEPHONE NUMBER**  
(INCLUDE AREA CODE)  
(       )

### FOR OPM USE ONLY

**RESULTS**

- |                                    |                               |
|------------------------------------|-------------------------------|
| <b>AC</b> ACCEPTABLE               | <b>IS</b> ISSUES              |
| <b>AA</b> ACCEPTABLE/ATTACHED      | <b>PI</b> CONFIDENTIAL/ISSUES |
| <b>PA</b> CONFIDENTIAL/ACCEPTABLE  | <b>RI</b> RECORD INCONCLUSIVE |
| <b>NI</b> NO PERTINENT INFORMATION | <b>FR</b> FEE REQUIRED        |
| <b>NR</b> NO RECORD                | <b>RL</b> RELEASE REQUIRED    |
| <b>NL</b> NOT LOCATED              | <b>SK</b> SUBJECT UNKNOWN     |
| <b>UC</b> UNABLE TO CONTACT        | <b>NZ</b> NOT AVAILABLE       |
| <b>RF</b> REFERRED                 | <b>DN</b> DISCREPANT          |
| <b>RR</b> RECORD                   |                               |

**ISSUES/CHARACTERIZATION**

- |   |  |
|---|--|
| 1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N  |
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| 3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 11 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
| 4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
| 5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 13 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
| 6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N | 14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |
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| 8 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> N |  |



INVESTIGATIVE REQUEST FOR  
LAW ENFORCEMENT DATA  
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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**INSTRUCTIONS:** We are conducting a background investigation on the person identified below to determine the 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.

**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.

**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. Office of Personnel Management'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 form 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			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	POSITION REQUIRING INVESTIGATION	
PLACE OF BIRTH			
CURRENT RESIDENCE			
THIS PERSON CLAIMS THE FOLLOWING CRIMINAL HISTORY RECORD AT YOUR LOCATION			
DATE (MO/YR)	DATE (MO/YR)	OFFENSE:	OFFENSE:
DATE (MO/YR)	DATE (MO/YR)	ACTION:	ACTION:
LAW ENFORCEMENT AUTHORITY OR COURT			
CLAIMED RESIDENCE AT TIME OF OFFENSE			

## 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** MARK THE FOLLOWING AS APPLICABLE:

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



**2** PLEASE PROVIDE DETAILS CONCERNING CRIMINAL HISTORY RECORD AND/OR OUTSTANDING WARRANT(S). IF OUTSTANDING WARRANT(S) 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)

**3** IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK.

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.



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.

<b>PRINT NAME:</b>	
<b>SIGNATURE:</b>	<b>DATE</b>
<b>YOUR TITLE/ORGANIZATION:</b>	<b>DAYTIME TELEPHONE NUMBER</b> (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
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