

DEPARTMENT OF HOMELAND SECURITY  
Transportation Security Administration

**ARMED SECURITY OFFICER AUTHORIZATION FOR RELEASE OF INFORMATION**

**INSTRUCTIONS:** In order to participate in the Transportation Security Administration (TSA) Law Enforcement/Federal Air Marshal Service (LE/ FAMS) Armed Security Officer (ASO) Program the participant shall complete all applicable sections below and certify in Section III.

\*Note: In Section I, N/A may be listed if no other names besides the applicant's name is used.

This form shall be stored in accordance with TSA File Code [TSA File Code 3400.21](#).

**SECTION I. Applicant Information**

Applicant's Name (*First, Middle, Last*)

Other Names Used

Current Address (*Street, City, State and Zip*)

Home Telephone Number (*Include Area Code*)

Social Security Number

**SECTION II. Release Information**

**I Authorize** any investigator, special agent, or other duly accredited representative of the Transportation Security Administration conducting the verification of the information provided in my application for participation in the ASO program, including law enforcement employment verification (to include disciplinary history) and criminal history record checks to disclose the results of these checks to the Transportation Security Administration for the purpose of making a determination of eligibility for the Armed Security Officer Program.

**I also Authorize** my prior law enforcement employer(s) to release any and all information relating to my employment with them to the Transportation Security Administration.

**I Understand** that the information released by records custodians and sources of information is for official use by the Transportation Security Administration for the purposes of the Armed Security Officer Program, and that it may be disclosed by the Transportation Security Administration only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Transportation Security Administration, whichever is sooner.

**SECTION III. Certify and Approve**

Full Name (*Type or Print Legibly*)

Applicant's Signature

Date of Signature

**PRIVACY ACT STATEMENT: AUTHORITY:** 49 U.S.C. § 114(f). **PRINCIPAL PURPOSE(S):** This information will be used to conduct a background investigation to establish the suitability of ASO Program applicants to participate in the ASO Program. **ROUTINE USE(S):** This information may be shared with another federal agency in response to its request, in connection with the hiring or retention of an employee or the issuance of a security clearance, or for routine uses identified in TSA system of records, DHS/TSA 002, Transportation Security Threat Assessment System (T-STAS). **DISCLOSURE:** Voluntary; failure to furnish the requested information or your SSN may result in an inability to conduct a background investigation to establish your suitability to participate in the ASO Program.

**PAPERWORK STATEMENT ACT:** This is a mandatory collection to participate in the ASO Program. The total average burden per response associated with this collection is estimated to be approximately 5 minutes. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The control number assigned to this collection is OMB 1652- 0035, which will expire on July 31, 2019. Send comments regarding this burden estimate or collection to: TSA-11, Attention: PRA 1652-0035, 601 South 12th Street, Arlington, VA 20598-6011.