

## Authorization for Release of Information

Last Name:	First Name:	Middle Name:	Suffix:	SSN ( <i>last 4 digits</i> ):
Date of Birth:	Current Full Address:		Aliases ( <i>other names used</i> ):	

Federal Regulations state that all persons employed in the Federal government, shall be reliable, trustworthy, of good conduct and character, and of complete and unswerving loyalty to the United States. An individual may be required to undergo a background investigation or other Federal personnel security requirement to verify that he/she possesses these traits. By signing and dating this form in the Authorization for Release of Information section, the above-named individual is authorizing release of the information below.

**Individual Authorizing the Release of Information** (*Please complete the identifying information above and sign and date in the authorization section below. If you do not wish to authorize the release of your information, please sign and date in the declination section below.*)

I hereby authorize any duly accredited ATF representative bearing this release or a copy thereof, within five years of its signed date, to obtain a copy of my prior background investigation and/or any information relating to my activities from schools, residential management agents, employers, law enforcement agencies, credit bureaus/consumer reporting agencies, and/or any other entities or individuals. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and/or conviction records. I hereby direct you to release such information upon request of the bearer of this form. I understand that the information released is for official use by ATF, and may be disclosed to such third parties as necessary in the fulfillment of its official responsibilities. I authorize ATF to disclose such information to third parties as necessary in the fulfillment of its official responsibilities.

I hereby release the custodian of such records and/or other providers of information or documentation, and any entity, organization, institution, agency, or business including its officers, employees, or related personnel (*both individually and collectively*), from any and all liability for damages.

I authorize ATF to present photocopies of this form bearing my signature and request that the custodians of this information consider the photocopies as valid. This authorization is valid for five years from the date signed or upon the termination of my affiliation with ATF, whichever is sooner.

**Authorization for Release of Information:** I understand that I must submit this signed Authorization for Release of Information before I am given any further consideration for employment or service opportunities with ATF. By signing and dating below, I authorize any ATF representative to obtain any information relating to my activities for employment purposes.

Signature:	Date:
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**Declination to Authorize the Release of Information:** I hereby decline to authorize the release of information. I understand that by doing so, ATF will make a determination of my eligibility for employment or service opportunities with ATF based on the information available.

Signature:	Date:
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**Information Provider:** The individual named above has authorized the release of information as stated above. This authorization releases the custodian from any and all liability for damages that may be caused by releasing the requested records. This authorization is valid for five years from the date it was signed by the individual.

### Privacy Act Statement

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974 (*5 U.S.C. § 552a(e)(3)*):

1. **Authority.** Solicitation of this information is made pursuant to Executive Orders 13764 and 13467. Disclosure of this information by the individual is voluntary.
2. **Purpose.** The purpose of this collection is to determine the eligibility of the individual for employment or service opportunities with ATF.
3. **Routine Uses.** The information will be used by ATF to make a determination as set forth in the Purpose section of this Privacy Act Statement. This information becomes a part of the permanent personnel security record of all candidates and is included in Internal Security Record System - Justice/ATF-006 (*68 FR 3555-6*) and is subject to all of the published routine uses of that system of records. Specifically, the information may be disclosed by ATF to third parties while making a determination as to the individual's fitness for employment or service opportunities with ATF.
4. **Effects of not supplying the requested information.** Failure to supply complete information may require ATF to make a determination of the individual's eligibility for employment or service opportunities with ATF based on the information available.
5. **Disclosure of Social Security Number (SSN).** Disclosure of the individual's SSN is voluntary. Under Executive Order 9397, ATF has the authority to solicit an individual's SSN. The SSN may be used to verify the individual's identity.

### Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is used by ATF to document an official request received from another agency for an ATF background investigation record. The appropriate ATF office (*Personnel Security Division*) will maintain a copy of this form. It will be used to document the authorized disclosure of the background investigation information.

The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Report Management Officer, Resource Management Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Avenue, NE., Washington, DC 20226.

An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information that does not display a currently valid OMB control number.