



# PENTAGON FORCE PROTECTION AGENCY

## AUTHORIZATION FOR RELEASE OF INFORMATION

OMB No. xxxx-xxxx  
OMB approval expires  
XXXXX XX XXXX

The public reporting burden for this collection of information, xxxx-xxxx, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

### Privacy Act Statement

**Authority:** 5 U.S.C. 1302, Regulations; 3109, Employment of experts and consultants; temporary or intermittent; 3301, Civil service; general; 3302, Competitive service; rules; 3304, Competitive service; examinations; 3305, Competitive service; examinations; when held; 3307, Competitive service; maximum-age entrance requirements; exceptions; 3309, Preference eligible; examinations; additional points for; 3313, Competitive service; registers of eligible; 3317, Competitive service; certification from registers; 3318, Competitive service; selection from certificates; 3319, Alternative ranking and selection procedures; 3326, Appointments of retired members of the armed forces to positions in the Department of Defense; 4103, Establishment of training programs; 5533, Dual pay from more than one position; limitations; exceptions; DoDD 5105.68, Pentagon Force Protection Agency; and E. O. 9397 (SSN), as amended.

**Principle Purposes (s):** The information obtained in the completion of this form is used to help in the determination as to the individual's fitness for federal employment in the field of law enforcement.

**Routine Uses (s):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:  
To disclose information to any source from which additional information is requested (to the extent necessary to identify the individual, inform the source of the purposes of the request, and to identify the type of information requested), when necessary to obtain information relevant to an agency decision concerning hiring or retaining an employee, issuing a security clearance, conducting a security or suitability investigation of an individual, classifying positions, letting a contract, or issuing a license, grant or other benefit. To disclose information to a Federal agency, in response to its request, in connection with hiring or retaining an employee, issuing a security clearance, conducting a security or suitability investigation of an individual, classifying positions, letting a contract, or issuing a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision in the matter.  
The complete list of routine uses can be found online in the applicable system of records notice at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570737/opmgovt-5/>

**Disclosure:** Voluntary; however, failure to provide all or part of the information may result in a lack of further consideration for employment, clearance access, or the termination of your employment.

### *Carefully read this authorization to release information about you, then sign and date it in ink.*

**I Authorize** any investigator, special agent, or other duly accredited representative of the Pentagon Force Protection Agency conducting my background investigation, to obtain any information relating to my activities from individuals, employers, or criminal justice agencies. This information may include, but is not limited to, performance, attendance, disciplinary history, employment history, and criminal history record information.

**I Understand** that the purpose for furnishing such information to PFPA is for use in making a determination as to my fitness for federal employment in the field of law enforcement.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of PFPA authorized above regardless of any previous agreement to the contrary.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release may be needed and I may be contacted for such a release at a later date.

**I Understand** that the information released by records custodians and sources of information is for official use by PFPA only for the purposes provided in this Authorization for Release of Information Form, and that it may be disclosed by the Government only as authorized by law. Photocopies of this authorization that show my signature are valid. This authorization is valid for one (1) year from the date signed.

Photocopies of this authorization that show my signature are valid. This authorization is valid for one (1) year from the date signed.

1. Signature: (Sign in Ink)		2. Full Name: (Type or Print Legibly)		3. Date Signed: (mm/dd/yyyy)		
4. Other Names Used			5. Date Of Birth:	6. Social Security Number:		
7. Current Street Address:				8. City: (Country)	9. State:	10. Zip Code: