INV FORM 43 (Rev. 10/21)
DEFENSE COUNTERINTELLIGENCE
AND SECURITY AGENCY (EO 13467)

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

F R O M	DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY FEDERAL INVESTIGATIONS PROCESSING CENTER PO BOX 618 BOYERS, PA 16018-0618						
T O							

INSTRUCTIONS: Your contact information was provided by the person identified below to assist in completing a background investigation to help us determine this person's eligibility 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.

PRIVACY ACT STATEMENT: The information you provide, including your identity, will be furnished to the agency requesting the investigation, other agencies as warranted, and to the person investigated upon his or her specific request. AUTHORITY: Section 925 of Public Law 115-91; 5 USC 301; Executive Order 13467, as amended by Executive Order 13869; and, 5 CFR 736. PRINCIPAL PURPOSE: To obtain background information and personal records for investigating and determining an individual's initial or continued: eligibility for access to classified national security information or assignment to positions with sensitive duties, suitability for enlistment or appointment into military service, suitability for federal employment, fitness for assignment to work under contract for or on behalf of the government, or eligibility for physical or logical access to U.S. Government systems or facilities. ROUTINE USES: The information collected may be disclosed to DCSA personnel and shared externally with other authorized government agency personnel as a routine use when necessary and relevant to personnel vetting investigations, determinations, and adjudications; and, for other purposes permitted under subsection (b) of the Privacy Act of 1974, as amended (5 USC §552a). Information obtained will also be released to the person being investigated upon their request unless otherwise exempt. A complete list of the routine uses can be found in the system of records notice for the Department of Defense Personnel Vetting Records System, "DUSDI 02-DD" at: https://www.federalregister.gov/documents/2018/10/17/2018-22508/privacy-act-of-1974-system-of-records. DISCLOSURE: Disclosure is voluntary. However, failure to provide DCSA access to the requested information may result in our agency's inability to conduct a thorough investigation and may prevent the government from making a determination or adjudication regarding the qualifications, suitability, eligibility or fitness of the person being investigation and may prevent the government from

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 and return of this original 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, I	MIDDLE)						
OTHER NAMES US	ED							
DATE OF BIRTH			SOCIAL SECURITY NUMB	BER		POSITION REQUIRING INVESTIGATION		
PLACE OF BIRTH								
THIS PERSON CLAIMED ATTENDANCE AS FOLLOWS								
FROM (MO/YR)	TO (N	IO/YR)	SCHOOL NAME AND ADDF	RESS				
DEGREE AND DATE (MO/YR)								
LAST CLAIMED RESIDENCE DURING PERIOD OF ATTENDANCE								

PUBLIC BURDEN STATEMENT: The public reporting burden for this collection of information, OMB 0705-0003, 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 which is completed in the supportance of the 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 currently valid OMB control number.



MARKING INSTRUCTIONS CORRECT MARK: • USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY. **INCORRECT MARKS:** • DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER. • DO NOT MAKE ANY STRAY MARKS ON THIS SHEET. PLEASE COMPLETE THE ITEMS SHOWN BELOW TO THE BEST OF YOUR KNOWLEDGE, IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS? d RECORD AT ANOTHER LOCATION a YES **b** NO (List discrepancies in REMARKS section) (Enter address and ZIP Code in REMARKS) c WE HAVE NO RECORD ON THIS PERSON DO YOUR RECORDS CONTAIN ANY ADVERSE INFORMATION RELEVANT TO THIS PERSON? **b** YES (Explain in REMARKS section) IF ADDITIONAL REMARKS ARE PROVIDED BELOW, YOU MUST FILL IN THIS MARK **REMARKS** PRINT NAME: **DATE** SIGNATURE: YOUR TITLE/ORGANIZATION: **DAYTIME TELEPHONE NUMBER** (INCLUDE AREA CODE) FOR DCSA USE ONLY **RESULTS** ISSUES/CHARACTERIZATION (IS) ISSUES 1 0 A B C D E N 9 0 A B C D E N **ACCEPTABLE** ACCEPTABLE/ATTACHED P CONFIDENTIAL/ISSUES 2 0 A B C D E N 10 O A B C D E N (RI) RECORD INCONCLUSIVE 3 (O (A) (B) (C) (D) (E) (N) 11 (O (A) (B) (C) (D) (E) (N) M CONFIDENTIAL/ACCEPTABLE FR FEE REQUIRED 4 0 A B C D E N 12 O A B C D E N **NO PERTINENT INFORMATION RD RELEASE REQUIRED** 13 O A B C D E N 5 0 A B C D E N NO RECORD

SK SUBJECT UNKNOWN

NZ NOT AVAILABLE

DISCREPANT

NOT LOCATED

REFERRED RECORD

UNABLE TO CONTACT

6 O A B C D E N

7 O A B C D E N

8 O A B C D E N

14 (O (A (B (C (D (E (N