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

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

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DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY
FEDERAL INVESTIGATIONS PROCESSING CENTER

O PO BOX 618

N	BOYERS.	PA	16018-0618

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 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-DDD" 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 or fitness of the person being investigated.

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:		3:
FULL NAME (LAST	, FIRST	, MIDDLE)			
OTHER NAMES US	SED				
DATE OF BIRT	Н		SOCIAL SECURITY NUMB	ER	POSITION REQUIRING INVESTIGATION
PLACE OF BIRTH	4				
THIS PERSON CI		O ATTENDA	NCE AS FOLLOWS		
FROM (MO/YR)	то	(MO/YR)	SCHOOL NAME AND ADDR	RESS	
DEGREE AND D	DATE (M	10/YR)			
LAST CLAIMED F	RESIDE	NCE DURI	NG PERIOD OF ATTENDANCE		
and maintaining the data needed,	, and comple infor-mation-	eting and reviewing -collections@mail.r	the collection of information. Send comments reg	arding the burden estimat	es per response, including the time for reviewing instructions, searching existing data sources, gathering e or burden reduction suggestions to the Department of Defense, Washington Headquarters Services f law, no person shall be subject to any penalty for failing to comply with a collection of information if i

	INSTRUCTIO	G ONS	
CORRECT MARK:	 USE A NO. 2 PENCIL OR BLUE OR BL DO NOT USE PENS WITH INK THAT SO DO NOT MAKE ANY STRAY MARKS O 	DAKS THROUGH THE PAPER.	INCORRECT MARKS:
PLE	ASE COMPLETE THE IT	EMS SHOWN BE	LOW
	DGE, IS THE INFORMATION ON THE FRONT OF		
RECORDS?			
a 🔘 YES	b NO (List discrepancies in REMARKS section c WE HAVE NO RECORD ON THIS PERSON	, (Enter	DRD AT ANOTHER LOCATION r address and ZIP Code in REMARKS)
DO YOUR RECORDS CONTAIN AN	IY ADVERSE INFORMATION RELEVANT TO THI	S PERSON?	
a 🔘 NO	b YES (Explain in REMARKS section)		
) IF ADDITIONAL REMARKS AF	RE PROVIDED BELOW, YOU MUST FILL	. IN THIS MARK	
EMARKS			
RINT NAME:			
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● REFERRED

RB RECORD

DISCREPANT

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