

POLICE RECORD CHECK		1. DATE OF REQUEST (YYYYMMDD)	OMB No. 0704-0007 OMB approval expires YYYYMMDD
The public reporting burden for this collection of information is estimated to average 27 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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 currently valid OMB control number.			
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.			
SECTION I - (To be completed by Recruiting Service)			
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias)		3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. PLACE OF BIRTH		5. DATE OF BIRTH (YYYYMMDD)	
A. CITY	B. COUNTY	C. STATE	
6. RACE AND ETHNICITY (Select all that apply and enter additional details in the spaces below)			
<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE - Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.			
<input type="checkbox"/> ASIAN - Provide details below. <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese Enter, for example, Pakistani, Hmong, Afghan, etc.</div><div><input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean</div><div><input type="checkbox"/> Filipino <input type="checkbox"/> Japanese</div></div>			
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN - Provide details below. <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> African American <input type="checkbox"/> Nigerian Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</div><div><input type="checkbox"/> Jamaican <input type="checkbox"/> Ethiopian</div><div><input type="checkbox"/> Haitian <input type="checkbox"/> Somali</div></div>			
<input type="checkbox"/> HISPANIC OR LATINO - Provide details below. <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> Mexican <input type="checkbox"/> Cuban Enter, for example, Colombian, Honduran, Spaniard, etc.</div><div><input type="checkbox"/> Puerto Rican <input type="checkbox"/> Dominican</div><div><input type="checkbox"/> Salvadoran <input type="checkbox"/> Guatemalan</div></div>			
<input type="checkbox"/> MIDDLE EASTERN OR NORTH AFRICAN - Provide details below. <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> Lebanese <input type="checkbox"/> Syrian Enter, for example, Moroccan, Yemeni, Kurdish, etc.</div><div><input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi</div><div><input type="checkbox"/> Egyptian <input type="checkbox"/> Israeli</div></div>			
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - Provide details below. <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Tongan Enter, for example, Chuukese, Palauan, Tahitian, etc.</div><div><input type="checkbox"/> Samoan <input type="checkbox"/> Fijian</div><div><input type="checkbox"/> Chamorro <input type="checkbox"/> Marshallese</div></div>			
<input type="checkbox"/> WHITE - Provide details below. <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><input type="checkbox"/> English <input type="checkbox"/> Italian Enter, for example, French, Swedish, Norwegian, etc.</div><div><input type="checkbox"/> German <input type="checkbox"/> Polish</div><div><input type="checkbox"/> Irish <input type="checkbox"/> Scottish</div></div>			

7. SOCIAL SECURITY NUMBER	8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block)			
	A. NUMBER AND STREET (include apartment no.)	B. CITY	C. STATE	D. ZIP CODE
9. DATES RESIDED AT THIS ADDRESS		10. PERSON MAKING THIS REQUEST		
A. FROM (YYYYMMDD)	A. NAME (Last, First, Middle Name(s))		B. RANK	
B. TO (YYYYMMDD)		C. SIGNATURE	D. TITLE	
SECTION II - (To be completed by Applicant)				
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Subtitle A, General Military Law, Part II, Personnel (Chapter 31, Enlistments); DoD Instruction (DoDI) 1304.02, Accessions Processing Data Collection Forms; DoDI 1304.26, Qualification Standards for Enlistment, Appointment, and Induction; and E.O. 9397 (SSN), as amended.</p> <p>PURPOSE: The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law enforcement agencies. Completed forms are used to conduct background records checks used to determine eligibility of applicants for accession into the armed forces.</p> <p>ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Pursuant to 5 U.S.C. 522a(b) (3), records may be disclosed as a routine use to other Federal, state, local, territorial or tribal, international, or foreign agencies, and to financial institutions, in order to obtain information relevant and necessary to USMEPCOM's qualification determinations for the individuals covered by this system of records. A complete list of routine uses may be found in the applicable System of Records Notice, United States Military Entrance Processing Command (USMEPCOM) Integrated Resource System (USMIRS), A0601-270 at: https://www.federalregister.gov/documents/2021/04/21/2021-08286/privacy-act-of-1974-system-of-records</p> <p>DISCLOSURE: Voluntary. However, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed forces of the United States.</p> <p>Additional system of records notices: Military Human Resource Records: https://www.federalregister.gov/documents/2024/05/15/2024-09967/privacy-act-of-1974-system-of-records United States Coast Guard Military Pay and Personnel System: https://www.federalregister.gov/documents/2008/12/19/E8-29793/privacy-act-of-1974-united-states-coast-guard-014-military-pay-and-personnel-system-of-records</p>				
11. I HEREBY CONSENT TO RELEASE YOUR FILES FROM THE INFORMATION REQUESTED BELOW.		SIGNATURE		
SECTION III - (To be completed by Police or Juvenile Agency)				
The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.				
12. DOES THE APPLICANT HAVE A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, what was the offense or charge, date, disposition and sentence?)				
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, give details.)				
THIS IS TO CERTIFY THAT THE ABOVE DATA, AS CORRECTED, ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.				
14. DATE (YYYYMMDD)	15. TITLE	16. VERIFIED BY (Signature)		
LAW ENFORCEMENT AGENCY MAIL TO:		RECRUITING AGENCY MAIL FROM:		