

Office Use Only:

Taken on: \_\_\_\_\_

By: \_\_\_\_\_

**PLEASE PICK THE APPROPRIATE ONE:**

DISBURSEMENT RESIDENT    WOC    VOLUNTEER    COURTESY    FEE BASIS

CONTRACT EMPLOYEE    PAID INTERN/PAID RESIDENT    REGULAR EMPLOYEE

The following information is required in order to submit your fingerprints which will be taken by Human Resources as a part of processing your appointment or in connection with the reinvestigation required due to the risk level associated with your position.

DATE: \_\_\_\_\_ SERVICE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

ALIASES: \_\_\_\_\_  
(MAIDEN NAME, NICK NAME etc.)

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(COMPLETE STREET ADDRESS)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

PLACE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_  
(CITY, STATE)

ARE YOU A US CITIZEN  YES  NO  
(CHECK ONE)

FOR THE FOLLOWING SECTION, SEE CHART BELOW FOR SPECIAL CODES

GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
(FEET, INCHES) (POUNDS)

**CHART:**

RACE:

A - ASIAN

B - BLACK

I - NATIVE AMERICAN

W - CAUCASIAN/LATINO

XXX - UNKNOWN

EYE COLOR:

BLK - BLACK

BLU - BLUE

BRO - BROWN

GRN - GREEN

GRY - GRAY

HAZ - HAZEL

XXX - UNKNOWN

HAIR COLOR:

BLK - BLACK

RED - RED/AUBURN

BRO - BROWN

WHI - WHITE

XXX - UNKNOWN

BAL - BALD

GRY - GRAY/PARTIALLY GRAY

SDY - SANDY

BLN - BLONDE/STRAWBERRY

*Turn Over for Privacy Act Statement*

## ***PRIVACY ACT STATEMENT***

Solicitation of this information is authorized by sections 1304 (Loyalty Investigations) and 3301 (Civil Service) of title 5, U.S. Code; Executive Order 10450 (Security Requirements for Government Employment); or Public Law 82-298 (Authority for Conducting Certain Personnel Investigations). This information will be used to search the Federal Bureau of Investigation's fingerprint files in determining your fitness for Federal employment or security clearance. It may also be used for searches of other law enforcement agencies maintaining fingerprint files for the same purpose.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number (SSN) or tax identification number. Furnishing any of the other Requested Information is voluntary. However, failure to furnish this information may result in your not being considered for employment or for a clearance. A false answer to any question on this form is punishable by law (title 18, U.S. Code, Section 1001).

## ***PUBLIC BURDEN STATEMENT***

We estimate the Public Burden for this collection of information is approximately five minutes per response. This includes time for reviewing the instructions, completing the form, and the actual fingerprinting.

## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF INFORMATION

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

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

**I Understand** that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

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

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

|  |  |             |
|--|--|-------------|
| Signature <i>(Sign in ink)</i>                                 | Full Name <i>(Type or Print Legibly)</i> | Date Signed |
| Other Names Used   | Social Security Number                   |             |
| Current Address <i>(Street, City)</i>                          | State                                    | ZIP Code    |
| Home Telephone Number<br><i>(Include Area Code)</i><br>(     ) |  |             |