

**UNITED STATES OF AMERICA
AUTHORIZATION TO OBTAIN CONSUMER (CREDIT) REPORT**

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

Instruction for Completing this Release

This release form authorizes the investigator to obtain a copy of your consumer (credit) report from a consumer reporting agency (credit bureau) pursuant to the provisions of the Fair Credit Reporting Act of 1970, as amended (15 U.S.C. Sec. 1681 et seq.). The Federal agency or department receiving the report will use the consumer report to assist in its adjudication of whether you satisfy the criteria to receive access or continued access to classified national security information. Your signature is required before the release form becomes valid.

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency or department conducting my background investigation, bearing this release or copy thereof that shows my signature, within five years of its date, to obtain a copy of my consumer report as that term is defined in the Fair Credit Reporting Act (FCRA) of 1970, as amended (15 U.S.C. Sec. 1681 et seq.). I understand that my consumer report will be used to assist in determining whether I satisfy the criteria to receive access or continued access to classified national security information. Furthermore, I understand that, if information in my consumer report leads to the Federal agency or department taking an action adverse to me as defined in the FCRA, that I will be given an opportunity to appeal the action consistent with applicable law, executive order, and agency or department regulation. However, I understand that I may not receive advance notice of an adverse action based in part on the consumer report if the Federal agency or department has reason to believe that advance notification will result in endangering life or physical safety of any person; flight from prosecution; destruction or tampering with evidence; intimidation of potential witnesses; compromise of classified information; or otherwise seriously jeopardize an investigation or official proceeding or unduly delay an ongoing official proceeding.

(printed name w/ middle initial)

(social security number)

(signature)

(date)

(address, include street, apartment number, city, state, and zip code)

Notice: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that the authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Since other people may have the same name and birth data, your SSN will be used to identify you precisely when requesting a copy of your consumer report. Although disclosure of your SSN is not mandatory, your failure to do so may impede completion of your investigation.