

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * *Denotes Required Fields*

*Last Name

Middle Name 1

*First Name

Middle Name 2

*Date of Birth:

*Place of Birth:

U.S. Citizen or Legal Permanent Resident:

Yes

No

*Country of Citizenship:

Country of Residence:

Prisoner Number (if applicable):

*Last Four Digits of Social Security Number:

*Height:

*Weight:

*Hair (please check appropriate box):

Bald	Black	Blonde/Strawberry	Blue	Brown	Gray	Green	Orange	Pink
Purple	Red/Auburn	Sandy	Unknown	White				

*Eyes (please check appropriate box):

Black	Blue	Brown	Gray	Green	Hazel	Maroon	Multicolored	Pink	Unknown
-------	------	-------	------	-------	-------	--------	--------------	------	---------

Applicant Home Address

*Address

*City

*State

*Postal (Zip) Code

*Country

Phone Number

E-Mail

Mail Results to Address

C/O

ATTN

Address

City

State

Postal (Zip) Code

Country

Phone Number (if different from above)

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK

MONEY ORDER

CREDIT CARD FORM

Reason for Request:

Personal review

Challenge information on your record

Adoption of a child in the U.S.

International adoption

Live, work, or travel in a foreign country

Other

* **APPLICANT SIGNATURE****DATE**

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.