

APPLICANT INFORMATION FORM

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 identity 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 issues.

APPLICANT INFORMATION (*DENOTES REQUIRED FIELD)

*Last Name: _____

*First Name: _____

Middle Name: _____

*Date of Birth: _____ Last four digits of Social Security Number: _____

*Place of Birth: _____

APPLICANT HOME ADDRESS

*Address: _____

*City: _____ *State: _____ *Postal Code: _____

*Country: _____

Phone Number: _____

*US Citizen or Lawful Permanent Resident Alien of the US: Yes No

*Country of Citizenship: _____ *Country of Residence: _____

***Please indicate preferred method of sending your FBI report to you – Responses will only be returned within the United States to the applicant or applicant's attorney with appropriate documentation, not a third party:**

Email notification US Mail – FBI report may only be mailed to a US address.

*E-mail, if applicable (The email address must be clearly printed in CAPITAL LETTERS so that we can send you your personal transaction control number after your prints have been processed. This personal tracking number is required if you want to retrieve your FBI criminal history using the internet): **NOT TO BE USED FOR APOSTILLE REQUEST**

***Mail results to address (* only if applicable): (No third parties may receive the response.)**

Applicant/Applicant's Attorney: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone (if different from above): _____

PAYMENT (no personal checks)

Credit Card Debit Card Business Check Cashier's Check/Money Order Cash

*Reason for Request: _____

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

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.