

# 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 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 issues.

## APPLICANT INFORMATION (\*DENOTES REQUIRED FIELD)

\*Last Name: \_\_\_\_\_

\*First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Last four digits of Social Security Number: \_\_\_\_\_

## 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 identification record to review it or obtain a change, correction, or an update to the record.