CRIMINAL RECORDS REQUEST FORM

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 295-1; E.0. 9397 dated November 22, 1943 (SSN) PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately Identified. ROUTINE USE: Your social security number is used as an addition/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary.

UNIT: _____ **Request Date**: _____

UNIT ADDRESS: _____

PHONE NUMBER: _____

Request a name check of local criminal records on the following individual **MUST BE FILLED OUT:

****LAST NAME:** _____

****FIRST NAME:** _____

****FULL MIDDLE NAME**: _____

MAIDEN NAME: _____

ALIAS (Nick Names/other Names Used): _____

****SOCIAL SECURITY NUMBER:** _____

****DATE OF BIRTH (month)** _____**,(day),**_____**(year)**_____

PLACE OF BIRTH: City: _____**State:** _____**Country:** _____

REASON with Army Regulation justification: AR 600-85, Unit Deterrence Leader

APPLICANT: If signing for someone other than self, provide a copy of Power of Attorney.

_____ Applicant Printed Name

_____ Commander's Printed Name

_____ Applicant Signature

_____ Commander's Signature

Deliver form to CID (Mid-Central Field Office) Bldg 2747, 29th Street, Mon-Fri, 0730-1530 (pick up on Wed 0730-1530), or email to Breaonna West at breonna.m.west.civ@army.mil.

CID Official use

☐ No Derogatory Information Found by Criminal Records Center

☐ Derogatory Information Found and has been made available for review (SEE BACK}

_____ Signature of CID Representative (digital or wet)

Derogatory Information Identified