POLICE RECORD CHECK						1. DATE OF RE			OMB No. 0704-0007 OMB approval expires Dec 31, 2017				
The public reporting burden for the and maintaining the data needed including suggestions for reducing Alexandria, VA 22350-3100 (070-06) information if it does not displa PLEASE DO NOT RETURN	nis collection of information is el, and completing and reviewing g the burden, to the Departmer 4-0007). Respondents should by a currently valid OMB control I YOUR FORM TO THE A	stimated to avera the collection of the of Defense, Wa be aware that not number. BOVE ORGAN	age 27 mi informati ashington withstand	inutes per respion. Send com Headquarters ling any other	onse, including to ments regarding Services, Execu- provision of law,	the time this bu utive Ser no pers	for reviewing in- rden estimate of vices Directorate on shall be subj	structions, searching r any other aspect of te, Directives Division ect to any penalty for ESS SHOWN AT I	existing d this colled , 4800 Ma failing to	ata sour tion of ir ark Cente comply	ces, gath nformatio er Drive, with a col	nering in, Ilection	
SECTION I - (To be com											·		
2. NAME OF APPLICAN	NT (Last, First, Middle Nan	ne(s), Alias)	3. S	EX	4. PLACE	OF B	IRTH						
				MALE	a. CITY			b. COUNTY	c. STATE				
				FEMALE									
(YYYYMMDD) (1) HISPANIC OR LATINO (2)			AMERIO ASIAN	L CATEGORY (X one or more) IERICAN INDIAN/ALASKA NATIVE IIAN ACK OR AFRICAN AMERICAN			(4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (5) WHITE			7. SOCIAL SECURITY NUMBER			
8. ADDRESS IN ADDRE	ock)				9. DATES RESIDED AT THIS A			ADDRE	ESS				
a. NUMBER AND STREET	b. CITY			c. STATE	d. ZI	PCODE	a. FROM (YYYYMMDI	(YYYYMMI					
10. PERSON MAKING	THIS REQUEST					l							
a. NAME (Last, First, Middle Name(s)) b. RAM			c. SI	GNATURE			d. TITLE						
SECTION II - (To be con	npleted by Applicant)												
1100.4C Ch-1; AFI 36-20 PRINCIPAL PURPOSE(discreditable involvement to determine eligibility of SORNs maintained by exROUTINE USE(S): DOE of records maintained by relevant enforcement inficomponent decision cor of a license, grant, or oth DISCLOSURE: Volunta United States. An application of the data are for OFFICL knowing and willful false possibly may reflect adverse.	(S): The information count with the police or other applicants for accession ach of the Services. O "Blanket Routine Use" or a DoD Component maior mation or other pertinuncerning the hiring or remer benefit. The DoD Blary. However, failure of cant's SSN is used to contact the county of the coun	llected on this r law enforce in into the Arr 2, Disclosure y be disclose ent information of an anket Routin the applicant anduct the potential be maintaine form 369 may	s form ement a med For e Whee ed as a on, suc employ the Uses to con dice rec ed and y be pu	is used to sagencies. On Requestiin routine used has currer yee, the iss at https://complete Sectords check used in striumshable by	screen and ic Completed forms ing Informatic e to a Federa it licenses, if uance of a s dpclo.defens ion II may re and keep a ct confidence y fine or impi	dentify orms a s are c on Rou al, Sta f nece securit ie.gov esult in all reco e in ac risonn	applicants are used to do covered by rutine Use, specifies, or local assary to obtay clearance, Privacy/SO refusal of eards togethe coordance whent or both.	to the Armed Fo conduct backgro ecruiting and off pecifically applie agency maintain ain information r the letting of a RNsIndex/Blank enlistment in the r during the enlise ith Federal law a All information	rces who will be received in the contract of t	cords of litary p cord from l, crimi t to a E tt, or the neUse Forces proces ulation	checks bersonrom a sinal, or DoD le issua es.aspx s of the es.	used nel ystem other ance capply e	
consideration for special assignment, security clearances, court martial and ad 11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES													
	ON REQUESTED BE												
SECTION III - (To be cor	mpleted by Police or Ju	venile Agenc	y)										
The person described at States. Please furnish fr	rom your files the inform	ation relative	e to Se	ction III bel	ow. A return	n enve	lope is provi	ided for your cor			the Un	ited	
12. DOES THE APPLIC (If YES, what was the o	ANT HAVE A POLICE ffense or charge, date, disp				INCLUDE M	IINOR	TRAFFIC \	/IOLATIONS?	`	/ES	N	0	
13. IS APPLICANT NOV	W UNDERGOING COU	RT ACTION	OF AN	Y KIND?	If YES, give de	etails.)			١	/ES	N	o	
				·	, 0	,				L			
THIS IS TO CERTIFY THOFFICE. THIS INFORM													
14. DATE (YYYYMMDD)	15. TITLE				16. VERIF	IED B	Y (Signature,)					
LAW ENFORCEMENT A MAIL TO:	AGENCY				RECRUITII MAIL FI	NG A	GENCY				_	7	
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