

UNITED STATES OF AMERICA

AUTHORIZATION TO OBTAIN CONSUMER (CREDIT) REPORT

*Carefully read this acknowledgement, then sign and date it in ink.*

Instructions for Completing this Release

This release form authorized the investigator to obtain a copy of your consumer credit report from a consumer reporting agency (credit bureau) pursuant to the provisions of the Fair Credit Reporting Act (FCRA) of 1970, as amended (15 U.S.C. § 1681 *et seq.*). The Federal agency or department receiving your credit report will use it to assist in its adjudication of whether you satisfy the criteria to receive access or continued access to classified national security information. Your signature is required before this release form becomes valid.

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency or department conducting my background investigation, bearing this release or copy thereof that shows my signature, to obtain a copy of my consumer credit report as that term is defined in the FCRA of 1970, as amended (15 U.S.C. § 1681 *et seq.*). I understand that I am consenting to and authorizing the use of my consumer credit report to assist in determining whether I satisfy the criteria to receive access or continued access to classified national security information (pursuant to 15 U.S.C. § 1681(b)(2) and (a)(3)(B) and 16 C.F.R. 600). Furthermore, I understand that if information in my consumer report leads to the Federal agency or department taking action adverse to me as defined in the FCRA, that I will be notified in advance (either orally, in writing, or by electronic means) of the action, and given an opportunity to appeal the action consistent with applicable law, executive order, and agency or department regulation. However, I understand that I may not receive advance notice of adverse action based in whole or in part on the consumer report if the Federal agency or department has reason to believe that advance notification will result in endangering the life or physical safety of any person; flight from prosecution; destruction or tampering with evidence; intimidation of potential witnesses; compromise of classified information; or otherwise seriously jeopardize an investigation or official proceeding or unduly delay an ongoing official proceeding.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name (all capital letters, Last name, First name, Middle name)**

\_\_\_\_\_  
**Address, including street, apartment #, city, state, and zip code (all capital letters)**

\_\_\_\_\_  
**Telephone # (include area code)**

\_\_\_\_\_  
**Social Security Number**

NOTICE: The above information is protected by the provision of the Privacy Act, 5 U.S.C. 522A. You are hereby advised that authority for soliciting your Social Security account number (SSAN) is Executive Order 9397. Your SSAN will be used to identify you precisely when it is necessary to certify that you have access to the information indicated above. Although disclosure of your SSAN is not mandatory, your failure to do so may impede certifications or determinations.