

DRUG ENFORCEMENT ADMINISTRATION
Contract Employee's Authorization to Conduct Agency-Specific Record Checks
 (February 2009)

I hereby authorize an investigator, special agent, or other duly accredited representative of the Drug Enforcement Administration to query my Name (including Other Names Used), Social Security Number, Date of Birth, and Place of Birth in its Narcotics and Dangerous Drugs Information System (NADDIS), the National Crime Information Center (NCIC), and the National Law Enforcement Telecommunications System (NLETS) indices for the purpose of unique agency-specific requirements to supplement the interim record checks or background investigation previously conducted through the Department of Defense/Defense Security Service.

TYPE OR PRINT LEGIBLY

FULL NAME	LAST	FIRST	MIDDLE
	_____	_____	_____
			SUFFIX

STREET ADDRESS _____			APT. # _____
CITY, STATE, AND ZIP CODE _____			
SOCIAL SECURITY NUMBER _____ - _____ - _____			SEX _____
DATE OF BIRTH _____ - _____ - _____			
	MONTH	DAY	YEAR
PLACE OF BIRTH _____			_____
	CITY	STATE	COUNTRY
OTHER NAMES USED _____			
HEIGHT _____ FT _____ IN	HAIR COLOR _____		
WEIGHT _____ POUNDS	EYE COLOR _____		
Provide all cities and states where you have lived during the past ten (10) years:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE _____ DATE _____

PRIVACY ACT STATEMENT

GENERAL: Pursuant to Public Law 93-479 (Privacy Act of 1974), the information is provided for employment purposes. Collection of the social security number is authorized by Executive Order 9397 to help identify individuals because other people may have the same name. AUTHORITY: E.O. 9397; E.O. 10450; E.O. 12356; 5 U.S.C. 1303-1305; 42 U.S.C. 2165 and 2455; 22 U.S.C. 2585 and 2519; and 5 U.S.C. 3301. EFFECT: Failure to provide the necessary information could preclude your suitability for a security clearance or access to sensitive information.

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TYPE OR PRINT LEGIBLY

FULL NAME <u>Skywalker</u> , <u>Anakin</u> , <u>Jedi</u> , _____			
LAST	FIRST	MIDDLE	SUFFIX
STREET ADDRESS <u>123 Coruscant Dr.</u>			APT. # _____
CITY, STATE, AND ZIP CODE <u>Los Angeles, CA, 90001</u>			
SOCIAL SECURITY NUMBER <u>123 - 45 - 6789</u>		SEX <u>Male</u>	
DATE OF BIRTH	<u>01</u>	<u>01</u>	<u>1977</u>
	MONTH	DAY	YEAR
PLACE OF BIRTH	<u>Glendale</u> , <u>CA</u>	_____	
	CITY	STATE	COUNTRY
OTHER NAMES USED <u>None</u>			
HEIGHT	<u>6</u> FT <u>4</u> IN	HAIR COLOR	<u>Brown</u>
WEIGHT	<u>225</u> POUNDS	EYE COLOR	<u>Brown</u>
Provide all cities and states where you have lived during the past ten (10) years:			
<u>Los Angeles</u> , <u>CA</u>		_____	
<u>Tatooine</u> , <u>CA</u>		_____	
_____		_____	
_____		_____	
_____		_____	

SIGNATURE  DATE 08/11/2020

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