

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name	*First Name
*Middle Name 1	Middle Name 2

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last four of Social Security Number:		

<p>*Race (please check appropriate box):</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown</p>
<p>*Sex (please check appropriate box):</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p>

Address

C/O	ATTN
*Address	
*City	*State
*Postal (Zip) Code	*Country
*Phone Number	E-Mail

Payment: (please check appropriate box)

CERTIFIED CHECK CREDIT CARD CASH

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

*** REQUESTOR SIGNATURE _____ DATE _____**

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 FBI 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 uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Please complete the following:

Height _____ Weight _____ Hair Color _____ Eye Color _____

Please initial that you have received the following disclosures: NOTE: Un-initialed areas will result in your report not being processed

Individual's Right to Report PII Breach to the FBI

Non-Criminal Justice Privacy Rights

How to Challenge and How to Obtain Your Identity History Summary

Note: Information on the application should match the information on the applicant fingerprint form. If there is a discrepancy, information from the applicant form will be used to generate your report.