BIOGRAPHICAL INFORMATION SHEET
DRUG ENFORCEMENT ADMINISTRATION
AUTHORIZATION TO CONDUCT AGENCY-SPECIFIC RECORD CHECKS

I hereby authorize the Drug Enforcement Administration to query my name (including other names used), social security number, date of birth, place of birth in its Narcotics and Dangerous Drugs Information System indices for the purpose of unique agency-specific requirements to supplement the preliminary records checks or background investigation previously conducted through other sources.

TYPE OR PRINT LEGIBLY

FULL NAME: _____ ,_____
LAST FIRST MIDDLE SUFFIX

STREET ADDRESS: _____

CITY, STATE, 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:** _____

LIST CITY AND STATE WHERE YOU LIVED OVER THE LAST 7 YEARS:

CITY / STATE: _____

CITY / STATE: _____

CITY / STATE: _____

CITY / STATE: _____

CITY / STATE: _____

CITY / STATE: _____

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.

February 2009