## 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:				<b></b>
	LAST	FIRST	<b>MIDDLE</b>	SUFFIX
STREET ADDRE				
CITY, STATE, ZI	IP CODE:			
SOCIAL SECUR	ITY NUMBER	.:		SEX:
DATE OF BIRTH	[ <b>:</b>	<b>-</b>		_
	MONTH	DAY	YEAR	
PLACE OF BIRT	Н:		<b>)</b>	, COLINEDA
OTHER NAMES	CIT	Y	STATE	COUNTRY
HEIGHT:				
WEIGHT:	_POUNDS	EYE COLO	OR:	
LIST CITY AND	STATE WHE	RE YOU LIV	ED 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