

**FORM MUST BE TYPED.**

FROM: <sup>F</sup> \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

Name Check Request  
Second Request:      YES      NO

TO:    (your office address)  
      USACIDC

Date Received by CID: \_\_\_\_\_

Date Request Processed: \_\_\_\_\_

Request a (circle one; if none is circled the default will be CRC)  
Name Check to be completed on the listed individual.

**LOCAL      CRC      NCIC**

**LAST NAME with DESIGNATOR:** \_\_\_\_\_  
(Jr., Sr., III, etc.)

**FIRST NAME:** \_\_\_\_\_

**MIDDLE NAME:** \_\_\_\_\_

**MAIDEN NAME:** \_\_\_\_\_

**ALIAS (Nick Names):** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH (i.e. 01 Jan 00):** \_\_\_\_\_

**PLACE OF BIRTH: City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**REQUESTING OFFICIAL:** Due to the recent strictness of the Privacy Act, *only* original signatures of the Chief, Director or Commander are accepted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
PHONE NUMBER & TYPED TITLE

CIRB-BAN (195-2b)

Date Results Received: \_\_\_\_\_

\_\_\_\_\_ No Derogatory Information Found Locally

\_\_\_\_\_ No Derogatory Information Found by Criminal Record Center

\_\_\_\_\_ Derogatory Information Found and available for Review – Reference: \_\_\_\_\_

\_\_\_\_\_ Dossier En Route – Requestor will be contacted upon receipt of dossier.

\_\_\_\_\_  
Signature of CID Representative

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize PMO, CID, SWS, FBCC to release/disclose information to Child and Youth Services (CYS) Coordinator.

(1) Whether or not said agency maintains an official records on me, and

(2) If there is a record, whether or not there exists any reason that would cause anyone to doubt my ability to provide child and youth care services within CYS or provide volunteer services to CYS.

This information is to be used by CYS in determination to grant or deny my appointment to a position or volunteer appointment within the CYS as required by AR 608-10.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Sponsor's SSN

\_\_\_\_\_  
Employee's SSN

## NOTICE TO AGENCY MAINTAINING RECORDS

This consent form is applicable only to the named individual (s) whose signature (s) is affixed hereto. No information pertaining to any other individual; including, but not limited to, children of the releasing party may be released without written consent from that individual.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974 5 U.S.C. Section 552a

**PRINCIPAL PURPOSE:** To provide the Child and Youth Services Coordinator (CYSC) and Child and Youth Service program director with sufficient information to locate and identify the official records to which this release applies.

**ROUTINE USE:** Before and individual may care for children within any child development center on Fort Belvoir, the information on this form will be used by CDS and the particular records custodian to identify and locate the official records from which the individual has authorized the release of information necessary for employment.

**MANDATORY or voluntary disclosure and effect of failure to provide information:** Disclosure is voluntary. Failure to disclose will prevent applicant from being employed with Child and Youth Services, Fort Belvoir, Virginia.