FBI File Number:

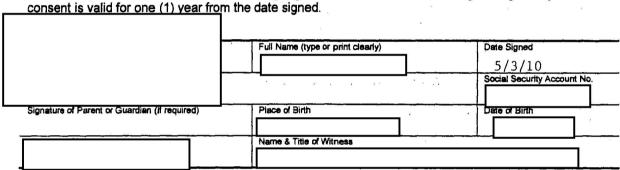
## Non-Personnel Consent to Release Information

To Whom it May Concern:

I hereby give consent to any authorized representative of the Federal Bureau of Investigation to obtain any information in your files pertaining to my academic, achievement, athletic, attendance, credit (including credit card and payment device numbers), disciplinary, employment, law enforcement (including, but not limited to, any record of charge, prosecution, or conviction for civil or criminal offenses), military, or professional license records (including any grievance records). I hereby direct each entity to which this form is presented to release such information upon request of the authorized recipient as described above, regardless of any other agreement or direction I may have made.

This consent is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation in connection with the determination of suitability for employment and/or eligibility for new or continued access to classified information of a current or prospective government employee with whom I am associated. Consent is granted for the Federal Bureau of Investigation to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid for one (1) year from the date signed



#### PRIVACY ACT STATEMENT

Authority: The collection of information requested by this form is authorized under Executive Order 10450, Security Requirements for Government Employees; Executive Order 12968, Access to Classified Information; and the Fair Credit Reporting Act, 15 U.S.C. §§1681 et seq. Providing requested information is voluntary; however, failure to furnish the requested information and consent may affect our ability to complete the determination of suitability for employment and/or eligibility for new or continued access to classified information of a current or prospective government employee with whom you are associated.

Principal Purpose: The information will be used principally to obtain such academic, achievement, athletic, attendance, credit, disciplinary, educational, employment, law enforcement, military, and professional license records as may be necessary to determine the suitability for employment and/or eligibility for new or continued access to classified information of a current or prospective government employee with whom you are associated. Your Social Security Account Number (SSAN) identifies you in most of the above-listed transactions. We will use your SSAN to accurately identify your records and to process investigations, inquiries, and/or determinations related to this consent.

Routine Uses: In addition to disclosures within the Department of Justice on a need-to-know basis, information reported on this form may be disclosed in accordance with all applicable routine uses as may be published at any time in the Federal Register, including all routine uses for the FBI Central Records System. These routine uses include the following disclosures: to potential sources in order to locate, seek, and obtain information or records pertaining to you; to any appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, or security matters to which the information may be relevant; to non-FBI employees performing Federal assignments; to courts or adjudicative bodies when the FBI considers it has an interest in the proceedings; or as otherwise mandated by law, treaty, or Executive Order.

b6 b7C ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11-30-2012 BY 60324 uc baw/sab/cls

Investigation Request	for Applicant SSN	(e_()  <sub>P</sub> )	Archival	
Electronic Que <u>stic</u>	onnaires for Investigat	ions Processin	g (e-QIP)	J
				b6 b7c
ARCHIVAL	COPY - RETAIN FOR	YOUR RECORD	s	Б/С
The information contained in the (Applicant) for the e-QIP information at 2010-05-05 09:4		bmitted by pplicant certified the a	ccuracy of th	nis
This Investigation Request con	tains the following documents:			
Page 1: Investigation Req Page 2-49: Questionnaire	uest Cover Sheet for National Security Position	ns (SF86 Format)		

Note: To conserve paper only the first entry in multiple-entry lists displays completion instructions. The completion instructions for the first entry also applies to each additional entry unless otherwise noted.

Certified at 2010-05-05 09:40:52.814 Data Hash Code: 351bd774932f82f8685a6c529416dab440858d64 PRIVACY ACT INFORMATION

Electronic Questionnaires for Investigation Request for	stigations Processing (e-OIP) Applicant SSN	Page 1 of 1 Signature Forms
	es for Investigations Proce ation Request	essing (e-QIP)
SI	GNATURE FORMS	•
The signature(s) in this document refer Reques The signature on the statement on a printed e-QIP Investigate statement and an image of each page of Archival Copy will be considered official	ne statement <u>below is a</u> s valid as direction RequestOfficial Archivation the e-QIP Investigation Request	
Sign and submit all forms in this docum	ent to the office that initiated your Inve	estigation Request.
Data Hash Code: <b>351bd774932f82f868</b> Official Archival Copy PDF Hash Code: Date/Time Certified in the e-QIP System Applicant's Social Security Number:	da8dbde37f534722fb1f1037b9af7a0	)a74c937ba
<b>Questionnaire for National</b>	Security Positions (SF86 F	ormat)
OMB No. 3206-0005	ALL INFORMATION CON HEREIN IS UNCLASSI	
Certification		60324 uc baw/sab/cls
My statements on this form, and on any attachr belief and are made in good faith. I have carefu a knowing and willful false statement on this for understand that intentionally withholding, misre security clearance, employment prospects, or jo or my removal and debarment from Federal ser	ally read the foregoing instructions to complete on can be punished by fine or imprisonment on presenting, or falsifying information may have ob status, up to and including denial or revoca	e this form. I understand that or both (18 U.S.C. 1001). I e a negative effect on my
Sig		Date (mm/dd/yyyy)
		/ / /
	5	(4)10
	/	
L	1	
	·C	
e-QIP Version 2	PI	RIVACY ACT INFORMATION
e-QIP Investigation Request		e-QIP Document Type CER

b6 b7С Standard Form 86-2 Revised July 2008 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206-0005 NSN 7540-00 634-4036 86-111

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11-30-2012 BY 60324 uc baw/sab/cls

## UNITED STATES OF AMERICA

# AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

#### **Authorization**

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner. b6 b7C Full name (Type or print legibly) Date signed (mm/dd/yyyy) Social Security Number Current street address City (Country) Apt.# Zip Code Home telephone number For Use By Practitioner(s) Only Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information? YES If so, describe the nature of the condition and the extent and duration of the impairment or treatment. What is the prognosis? Signature (Sign in ink) Practitioner name Date signed (mm/dd/yyyy)

e-QIP	Version 2	
e-QIP	<b>Investigation Request</b>	

Standard Form 86-1 Revised July 2008 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11-30-2012 BY 60324 uc baw/sab/cls Form approved: OMB No. 3206-0005 NSN 7540-00 634-4036 86-111

### UNITED STATES OF AMERICA

#### **AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that sho date signed or upon the termination of my			and the same of th
	Full name (Type or prin	t leaibly)	Date signed (mm/dd/yyyy) b
			05/06/2010
		Date of birth	Social Security Number
Current street address Apt.#	City (Country)	State Zip Code	Home telephone number
I		1	A Company of the Comp

e-QIP	Version 2	
e-QIP	<b>Investigation Request</b>	

8 digit Code Information	7
CD) (FBI)	
From:         CD) (FBI)           Sent:         Monday January 31, 2011 9:50 AM           To:         (CD) (FBI);           Subject:         RE: INV FOR STATE UNV OF NEW YORK	
UNCLASSIFIED NON-RECORD  ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11-30-2012 BY 60324 uc baw/	sab/cls
Hello,	
My cost code is Thanks	4
Subject: RE: INV FOR STATE UNV OF NEW YORK	b6 b7C b7E
Just provide with your cost code number and she should be able to process this request.	
Thanks,	
Supervisory Budget Analyst	
Counterintelligence Division  Non-Secure Fax	
"Treat the earth well, it was not given to you by your parents, it was loaned to you by you children." American Indian Proverb.	ur
Please take a moment to visit the CDCustomer Service Satisfactory survey. We appreciate you letting us know how we are doing. <a href="http://hq-eswebs-001.fbinet.fbi:9100/Survey/showSurvey.htm?surveyId=360">http://hq-eswebs-001.fbinet.fbi:9100/Survey/showSurvey.htm?surveyId=360</a>	
From: FD) (FBI)  Sent: Monday, January 31, 2011 9:18 AM  To: (CD) (FBI); (CD) (FBI)  Subject: RE: INV FOR STATE UNV OF NEW YORK	
UNCLASSIFIED NON-RECORD	
the 8 digit code includes the cost centerthis case will be So the 4 digit code plus digit coding that is needed. thanks	is the 8

CPCSU		
TEL		
FAX .	,	
<u> </u>		
From: (CD) (FBI)		
Sent:         Saturday, January 29, 2011 2:09 PM           To:         CD) (FBI)         FD) (	(FBI)	
Subject: RE: INV FOR STATE UNV OF NEW YORK	`	
I thought the Program/Sub-Program 4 digit code was all tha	t was needed to pay.	
,		
Please let me know what the other 4 digits represent so I ca	in provide the info to you.	. 1.0
Thanka		ь6 ь7с
Thanks,	9	b7E
	*	
Supervisory Budget Analyst		
Counterintelligence Division		9
	•	
Non-Secure Fax		
"Treat the earth well, it was not given to you by	your parents, it was loaned	to you by your
children." American Indian Proverb.	• • • • • • • • • • • • • • • • • • • •	
Di		0 '
Please take a moment to visit the CD		mer Service
Satisfactory survey. We appreciate you letting us <a href="http://hq-eswebs-001.fbinet.fbi:9100/Survey/shows">http://hq-eswebs-001.fbinet.fbi:9100/Survey/shows</a>		
TREE.THIC COWERS OF THE HICK TELL OF TOO FOUNT CYTOTION CO	sarvey.nam: sarvey.a-ooo	
From: (CD) (FBI)	*	
Sent: Tuesday, January 25, 2011 10:04 AM To: (CD) (FBI)		
Subject: FW: INV FOR STATE UNV OF NEW YORK		
UNCLASSIFIED NON BECORD		
NON-RECORD		
•		
i rana		
Hello		
Do you have the 8 characters number for the Program/	Subprogram?	

FD) (FBI)
Tuesday, January 25, 2011 8:36 AM
(CD) (FBI)
INV FOR STATE UNV OF NEW YORK

b6 b7С b7Е

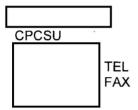
# UNCLASSIFIED NON-RECORD

hello....you had faxed over an invoice from the University of New York in the amt of \$114.75 for payment.

However, beginning with FY11 all charges must now have the new Program Subprogram coding which consists of 8 characters. Pls contact your

budget person for this new coding for your invoice. Cannot make payment without it.

thank you



**UNCLASSIFIED** 

**UNCLASSIFIED** 

**UNCLASSIFIED** 

**UNCLASSIFIED** 

DATE 11-30-2012 BY 60324 uc baw/sab/cls CD) (FBI) In (CD) (FBI) From: Tuesday, January 25, 2011 9:49 AM Sent: To: CD) (FBI) RE: INV FOR STATE UNV OF NEW YORK Subject: b6 b7C b7E **UNCLASSIFIED NON-RECORD** Hi Is this expense on a requisition? I am going to call to get some more information. I will let you know something shortly. Counterintelligence Division **ГВІНО**, Please take a moment to visit the CD Customer Service Satisfaction survey. We appreciate you letting us know how we are doing. http://hq-eswebs-001.fbinet.fbi:9100/Survey/showSurvey.htm?surveyId=360 CD) (FBI) From: ry 25, 2011 9:39 AM Sent: To: (CD) (FBI) FW: INV FOR STATE UNV OF NEW YORK Subject: **UNCLASSIFIED** NON-RECORD Hello Do you have the 8 characters number for the Program/ Subprogram? **Thanks** FD) (FBI) From: Sent: Tuesday, January 25, 2011 8:36 AM (CD) (FBI) To: INV FOR STATE UNV OF NEW YORK Subject: **UNCLASSIFIED** NON-RECORD

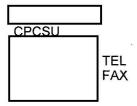
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

hello....you had faxed over an invoice from the University of New York in the amt of \$114.75 for payment.

However, beginning with FY11 all charges must now have the new Program Subprogram coding which consists of 8 characters. Pls contact your

budget person for this new coding for your invoice. Cannot make payment without it.

thank you



b6 b7C b7E

UNCLASSIFIED

**UNCLASSIFIED** 

**UNCLASSIFIED** 

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11-30-2012 BY 60324 uc baw/sab/cls

Non