

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.

	Full Name (type or print clearly)	Date Signed
		5/3/10
<p>Signature of Parent or Guardian (if required)</p>	Place of Birth	Social Security Account No.
	Name & Title of Witness	Date of Birth

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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.

Electronic Questionnaires for Investigations Processing (e-OIP)
Investigation Request [REDACTED] for Applicant SSN [REDACTED]

Page 1 of 49
Archival Copy

Electronic Questionnaires for Investigations Processing (e-QIP)

[REDACTED]

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ARCHIVAL COPY - RETAIN FOR YOUR RECORDS

The information contained in this document represents data submitted by [REDACTED]
(Applicant) for the e-QIP [REDACTED] Applicant certified the accuracy of this
information at 2010-05-05 09:40:52.814.

This Investigation Request contains the following documents:

Page 1: Investigation Request Cover Sheet

Page 2-49: Questionnaire for National Security Positions (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.

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request [redacted]

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request [redacted]. The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request [redacted] Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request [redacted] Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code: 351bd774932f82f8685a6c529416dab440858d64
Official Archival Copy PDF Hash Code: da8dbde37f534722fb1f1037b9af7a0a74c937ba
Date/Time Certified in the e-QIP System: 2010-05-05 09:40:52.814
Applicant's Social Security Number: [redacted]

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

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

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Sig		Date (mm/dd/yyyy) 5/4/10
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**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 11-30-2012 BY 60324 uc bau/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.

	Full name (Type or print legibly)				Date signed (mm/dd/yyyy)
					05/06/2010
					Social Security Number
Current street address	Apt.#	City (Country)	State	Zip Code	Home telephone number

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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?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
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)

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS**

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

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 show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

	Full name <i>(Type or print legibly)</i> <input style="width: 90%; height: 20px;" type="text"/>	Date signed <i>(mm/dd/yyyy)</i> 05/06/2010
	Date of birth <input style="width: 100%; height: 20px;" type="text"/>	Social Security Number <input style="width: 100%; height: 20px;" type="text"/>
Current street address <input style="width: 90%; height: 20px;" type="text"/>	Apt.# <input style="width: 20%; height: 20px;" type="text"/>	City (Country) <input style="width: 90%; height: 20px;" type="text"/>
State <input style="width: 20%; height: 20px;" type="text"/>	Zip Code <input style="width: 20%; height: 20px;" type="text"/>	Home telephone number <input style="width: 90%; height: 20px;" type="text"/>

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8 digit code information

[redacted] CD) (FBI)

From: [redacted] CD) (FBI)
Sent: Monday, January 31, 2011 9:50 AM
To: [redacted] (CD) (FBI); [redacted] (FD) (FBI)
Subject: RE: INV FOR STATE UNV OF NEW YORK

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NON-RECORD

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DATE 11-30-2012 BY 60324 uc baw/sab/cls

Hello,

My cost code is [redacted] Thanks [redacted]

From: [redacted] (CD) (FBI)
Sent: Monday, January 31, 2011 8:47 AM
To: [redacted] (FD) (FBI); [redacted] (CD) (FBI)
Subject: RE: INV FOR STATE UNV OF NEW YORK

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[redacted]
Just provide [redacted] with your cost code number and she should be able to process this request.

Thanks,

[redacted]
Supervisory Budget Analyst

[redacted]
Counterintelligence Division

[redacted]
Non-Secure Fax [redacted]

"Treat the earth well, it was not given to you by your parents, it was loaned to you by your children." American Indian Proverb.

Please take a moment to visit the CD [redacted] Customer Service Satisfactory survey. We appreciate you letting us know how we are doing.
<http://hq-eswebs-001.fbinet.fbi:9100/Survey/showSurvey.htm?surveyId=360>

From: [redacted] (FD) (FBI)
Sent: Monday, January 31, 2011 9:18 AM
To: [redacted] (CD) (FBI); [redacted] (CD) (FBI)
Subject: RE: INV FOR STATE UNV OF NEW YORK

UNCLASSIFIED
NON-RECORD

the 8 digit code includes the cost center....this case will be [redacted] So the 4 digit code plus [redacted] is the 8 digit coding that is needed. thanks

[Redacted]

CPCSU

[Redacted]

TEL
FAX

From: [Redacted] (CD) (FBI)
Sent: Saturday, January 29, 2011 2:09 PM
To: [Redacted] (CD) (FBI); [Redacted] (FD) (FBI)
Subject: RE: INV FOR STATE UNV OF NEW YORK

[Redacted]

I thought the Program/Sub-Program 4 digit code was all that was needed to pay.

[Redacted]

Please let me know what the other 4 digits represent so I can provide the info to you.

Thanks,

[Redacted]

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b7E

[Redacted]

Supervisory Budget Analyst

[Redacted]

Counterintelligence Division

[Redacted]

Non-Secure Fax [Redacted]

"Treat the earth well, it was not given to you by your parents, it was loaned to you by your children." American Indian Proverb.

Please take a moment to visit the CD [Redacted] Customer Service Satisfactory survey. We appreciate you letting us know how we are doing.
<http://hq-eswebs-001.fbinet.fbi:9100/Survey/showSurvey.htm?surveyId=360>

From: [Redacted] (CD) (FBI)
Sent: Tuesday, January 25, 2011 10:04 AM
To: [Redacted] (CD) (FBI)
Subject: FW: INV FOR STATE UNV OF NEW YORK

UNCLASSIFIED
NON-RECORD

Hello [Redacted]

Do you have the 8 characters number for the Program/ Subprogram?

Thanks

From: [redacted] (FD) (FBI)
Sent: Tuesday, January 25, 2011 8:36 AM
To: [redacted] (CD) (FBI)
Subject: INV FOR STATE UNV OF NEW YORK

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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

[redacted]

CPCSU

[redacted]

TEL
FAX

UNCLASSIFIED

UNCLASSIFIED

UNCLASSIFIED

UNCLASSIFIED



will this
in the morning

[Redacted] CD) (FBI)

From: [Redacted] (CD) (FBI)
Sent: Tuesday, January 25, 2011 9:49 AM
To: [Redacted] (CD) (FBI)
Subject: RE: INV FOR STATE UNV OF NEW YORK

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b7E

UNCLASSIFIED
NON-RECORD

Hi [Redacted]

Is this expense on a requisition? I am going to call [Redacted] to get some more information. I will let you know something shortly.



Counterintelligence Division
FBIHQ, [Redacted]

Please take a moment to visit the CD [Redacted] 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>

From: [Redacted] (CD) (FBI)
Sent: Tuesday, January 25, 2011 9:39 AM
To: [Redacted] (CD) (FBI)
Subject: FW: INV FOR STATE UNV OF NEW YORK

UNCLASSIFIED
NON-RECORD

Hello [Redacted]

Do you have the 8 characters number for the Program/ Subprogram?

Thanks

From: [Redacted] (FD) (FBI)
Sent: Tuesday, January 25, 2011 8:36 AM
To: [Redacted] (CD) (FBI)
Subject: INV FOR STATE UNV OF NEW YORK

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

[Redacted]

CPCSU

[Redacted]

TEL
FAX

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New