

# PRESIDENTIAL RANK AWARDS PROGRAM AUTHORIZATION FOR RELEASE OF INFORMATION

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

Pursuant to 5 U.S.C. 4507 (b) and 5 CFR 451.305(a), the U.S. Office of Personnel Management evaluates agency recommended appointees under consideration for Presidential Rank Awards. As part of the evaluation process, interviews with persons knowledgeable of the nominee's performance and professional accomplishments are conducted. A check of criminal history records is conducted as well.

I authorize any investigator, special agent, or other duly accredited representative of the Office of Personnel Management to obtain any information relating to my activities from individuals, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my achievement, performance, attendance, disciplinary and employment history, and criminal history record information.

I authorize any investigator, special agent, or other duly accredited representative of the Office of Personnel Management, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for a Presidential Rank Award. I understand that I may request a copy of such records as may be available to me under the law.

I authorize the Office of Personnel Management to disclose the record of my investigation to my employing agency for the purpose of considering my nomination for a Presidential Rank Award.

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, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full name (Type or print legibly)	Date signed (mm/dd/yyyy)	
Other names used		Date of birth	Social Security Number
Place of Birth (City, State)	Sex/Gender	Eye Color	Height
			Weight
Current street address Apt. #	City (Country, if other than U.S.)	State	ZIP Code

# PRESIDENTIAL RANK AWARDS PROGRAM SELF-CERTIFICATION – CODE OF CONDUCT

Consistent with 5 CFR 451.305(b) and 5 U.S.C. 4507(a), persons nominated for Presidential Rank Awards are required to provide the following self certification regarding code of conduct.

I, \_\_\_\_\_, certify that in the last 5 years, I have not been arrested, charged, or convicted of any violation of law (excluding traffic fines of \$300 or less). I also certify that I have not engaged in any conduct, personal or professional, that would bring discredit to the Agency, Department or Presidential Administration.

*Nominee: If you are unable to certify above, and/or wish to provide information relevant to any arrest, charge, or conviction of any violation of law in the last 5 years, or have engaged in any conduct (personal or professional) to be considered in the evaluation of your nomination for a Presidential Rank Award, you may report the information to your agency Presidential Rank Awards Program Coordinator or provide it below. (If you need more space, attach additional page(s) as necessary.) Please note: Further investigation may be made on the basis of any additional information you provide, for the purpose of evaluating your nomination for this award.*

---

---

---

---

---

---

---

---

---

---

<b>Signature of Nominee</b>	<b>Date</b>
<b>Name of Nominee (Printed)</b>	
<b>Name, Title of Presidential Rank Awards Program Coordinator:</b>	
<b>Agency:</b>	
<p><i>Presidential Rank Awards Program Coordinator:</i></p> <p>Return the completed Authorization for Release of Information and Self-Certification to:</p> <p>Karen English Attn: PRA Program Email: <a href="mailto:karen.english@opm.gov">karen.english@opm.gov</a></p>	