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 (Ty		e or print legibly)	Date signed (mm/dd/yyyy)
Other names used		Dat	e of birth	Social Securit	y 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 Rank Awards are required to provide the following self certificate	
I,	g traffic fines of \$300 or less). I rofessional, that would bring
Nominee: If you are unable to certify above, and/or wish to provarrest, charge, or conviction of any violation of law in the last 5 conduct (personal or professional) to be considered in the evaluate Presidential Rank Award, you may report the information to you Awards Program Coordinator or provide it below. (If you need to page(s) as necessary.) Please note: Further investigation may be additional information you provide, for the purpose of evaluating award.	years, or have engaged in any ation of your nomination for a ragency Presidential Rank more space, attach additional e made on the basis of any
Signature of Nominee	Date
Name of Nominee (Printed)	
Name, Title of Presidential Rank Awards Program Coordinator:	
Agency:	
residential Rank Awards Program Coo	rdinator:
Return the completed Authorization for Release of Information	on and Self Certification to:
Karen English	
Attn: PRA Program	
Email: karen english@opm gov	