

## 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 Defense Counterintelligence Security Agency 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 Defense Counterintelligence Security Agency, 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 and the White House 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.

**All requested information *must be printed legibly and in its entirety*. No initials or abbreviations will be accepted. Illegible and incomplete forms will be returned to the agency/individual resulting in the delay of the vetting process.**

|                               |                                       |                          |                        |
|-------------------------------|---------------------------------------|--------------------------|------------------------|
| Signature (Sign in ink)       | Full Legal Name (First, Middle, Last) | Date signed (mm/dd/yyyy) |                        |
| Other names used              |                                       | Date of Birth            | Social Security Number |
| Place of Birth (City, State)  |                                       |                          | Sex/Gender             |
| Current street address Apt. # | City (Country, if other than U.S.)    | State                    | ZIP Code               |