

## 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 delaying the vetting process.**

Signature (Sign in ink)	Full name (Type or print legibly)	Date signed (mm/dd/yyyy)	
Other names used		Date of Birth (mm/dd/yyyy)	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 INFORMATION RELEVANT TO any conduct (personal or professional) THAT MAY DISCREDIT THE AGENCY, DEPARTMENT OR PRESIDENTIAL ADMINISTRATION 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.*

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<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>Phone:</b>	
<b>Agency:</b>	
Immediately return the completed forms to your Department/Agency Presidential Rank Awards Coordinator.	