UNITED STATES MARINE CORPS
PROVOST MARSHAL'S OFFICE
MARINE CORPS INSTALLATIONS PACIFIC-MARINE CORPS BASE CAMP BUTLER
UNIT 35025
FPO AP 96373-5025

BACKGROUND RECORDS CHECK

PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT: This document falls purview to the Privacy Act of 1974. This requirement is to prevent an unwarranted disclosure to any person other than the one to whom the records or personal information pertains. Under the Privacy Act of 1974, Reasonable care must be taken to ensure that personal information is not subject to unauthorized disclosure during records dissemination and disposal. Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C.5031, Executive Order 9397, and DoD Instruction 1402.5 Implementing Public Law 101-847, Section 231, and Public Law 102-190, Section 1094.
PRINCIPLE PURPOSE: This form will be used by officials of the Department of Navy to obtain a background records check.
RIGHT TO CHALLENGE: You have the right to challenge the accuracy of records under the provisions of DoD directive 5400.11
DISCLOSURES: Completion of this form is voluntary; and I hereby authorize the use of my name and social security number to be used for a background records check for the purpose of:

(PURPOSE FOR REQUESTING LOCAL RECORDS CHECK)

☐ LICENSING ☐ INSTALLATION ACCESS ☐ SECURITY CLEARANCE ☐ PMO FAP SCREENING

NAME *(LAST, FIRST, MIDDLE)*	FULL SSN	GRADE	MOS

ORGANIZATION *(BRANCH/ UNIT/ COMPANY)* **OR** CIVILIAN EMPLOYER *(EX: MCCS/ AFEES/ CDC)*

DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP	RACE

CLEARANCE STATUS *(DEGREE)*	BASIS	COMPLETED BY (AGENCY)	DATE COMPLETED

SIGNATURE: _____ **DATE:** _____

RECORDS CHECK REVEALED: *(CHECK THE APPROPRIATE BOX)* USAF SF *(634-1134)* USA PMO *(644-4715)*

USMC PMO: ☐ CLEAR ☐ FOLLOWING RECORDS

USAF SF: ☐ CLEAR ☐ FOLLOWING RECORDS ☐ N/A

USA PMO: ☐ CLEAR ☐ FOLLOWING RECORDS ☐ N/A

NCIC CHECK: ☐ CLEAR ☐ FOLLOWING RECORDS ☐ N/A

_____

_____

_____

FOR ANY QUESTIONS CONCERNING A CASE PLEASE CONTACT POLICE RECORDS AT 645-7568

CHECKED BY: _____

SIGNATURE: _____

DATE CHECKED: _____

VOID IF MISSING PMO SEAL