

REQUEST FOR FBI CRIMINAL BACKGROUND CHECK

TCN #: _____

Applicant Information:

Last Name First Name Middle Initial Suffix

Alias Social Security Number Driver's License Number Passport Number Sex: Male Female X

Date of Birth Place of Birth (State or Country) Weight Height Eye Color Hair Color Race

Applicant Home Address:

Street Address or P.O. Box

City State ZIP Code Country

Phone Number

Email - Please Print Clearly in ALL CAPITAL LETTERS

U.S. Citizen or Lawful Permanent Resident Alien of the U.S.: Yes No

Country of Citizenship Country of Residence

Please indicate preferred method of sending your FBI report to you. Responses will only be returned within the United States to the applicant or applicant's attorney with appropriate documentation, not a third party:

Email* Delivery (\$80.00) **U.S. Mail Delivery - U.S. Addresses Only (\$65.00)**

***The email address must be clearly printed in ALL CAPITAL LETTERS so that we can send you your personal transaction control number after your prints have been processed. This personal tracking number is required if you want to retrieve your FBI criminal history using the internet. NOT TO BE USED FOR APOSTILLE REQUEST.**

Mail Results to Address:

Mail Results to Address (if Applicable) - No Third Parties May Receive the Response

City State ZIP Code Phone (if Different From Above)

Applicant/Applicant's Attorney

Payment (please check appropriate box):

Credit Card Debit Card Business Check Cashier's Check/Money Order Cash

Reason for Request:

Personal Review Challenge Information on Your Record Adoption of Child in the U.S.
 International Adoption Live, Work, or Travel in a Foreign Country Other _____

PRIVACY ACT STATEMENT: The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 18 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing the information (including your Social Security Account Number) is voluntary: however failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. This form takes approximately 3 minutes to complete.

Applicant Signature

Date