

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date in ink.

PRIVACY ACT STATEMENT: Privacy Act of 1974 requires that each individual asked to provide information be advised of the following:

- a. **AUTHORITY:** DoD Directive 5105.42 and 5 U.S.C. 301.
- b. **PURPOSE:** This information is being requested to obtain information that will assist USACIDC officials in determining your suitability for a position in USACIDC.
- c. **ROUTINE USES:** This information will be provided to and maintained by USACIDC. It may be furnished to accredited DoD agencies, accredited federal agencies, and law enforcement agencies for their official use.
- d. **VOLUNTARY DISCLOSURE:** The disclosure of personal information to USACIDC is voluntary. However, if you do not desire to supply information, USACIDC may be unable to conduct a complete investigation and adjudicating officials may be unable to determine your suitability for a position with USACIDC.

I authorize any CID agent or other duly accredited representative of the USACIDC conducting my pre-acceptance investigation, to obtain any information relating to my activities from individuals, schools, residential management agencies, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources on information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I further authorize any CID agent or any duly accredited representative of the USACIDC conducting my pre-acceptance investigation to obtain information from financial institutions, medical institutions, hospitals, and health care professionals.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the agent or any other accredited representative of the USACIDC regardless of any previous agreement to the contrary.

I understand that the information released by record custodians and sources of information is for official use by the USACIDC only for purposes of determining eligibility for acceptance into USACIDC. Copies of this authorization that show my signature are as valid as the original released signed by me. This authorization is valid for three (3) years from the date signed or upon determination of my non-suitability for acceptance into USACIDC, whichever is sooner.

(Signed)

(Dated)