

YOU MUST PROVIDE A LEGIBLE COPY OF A GOVERNMENT ID AND YOU MUST SIGN AND DATE THIS FORM. YOU MAY MAIL, FAX OR E-MAIL THE FORM AND YOUR ID.

Recruiter Assistance Program (RAP)

Request for Name Check

The following information is necessary to file a request for a Name Check to determine whether or not you are titled in a Law Enforcement Report.

If you're conducting a name check on someone else, you must also provide a Privacy Act Waiver of Consent from that individual authorizing release of their information to you maintained in their system of records.

Full Name: _____

Aliases or other names used (e.g. maiden name): _____

Current Address:

Date of Birth: _____ Place of Birth: _____

Daytime Telephone Number: _____

Email address: _____

Social Security Number: _____
(Optional - without it, we may not be able to locate all of your records)

I understand that any falsification of this statement is punishable under the provisions of Title 18, United States Code (U.S.C.), Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both; and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of Title 5, U.S.C., Section 552a(i)(3) as a misdemeanor and by a fine of not more than \$5,000.

Signature: _____ Date: _____

A legible and original signature and a legible copy of a government-issued identification card is required. Legal representatives must additionally present an original of proof of legal representation.

Complete, Print, Sign and Email/Mail Original of this Form