

RELEASE/CONSENT STATEMENT FOR BACKGROUND CHECKS

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 AND 10 USC 3013.

PRINCIPAL PURPOSE: TO COMPLY WITH REQUIREMENTS OF ARMY REGULATION (AR) 190-13.

ROUTINE USES: TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE GOVERNING REGULATION.

1. I have been advised that my being allowed access to the Anniston Army Depot will be based upon favorable completion of all required National Crime Information Center (NCIC) and local records checks (IRCs). I understand this will include the following background checks:

National Crime Information Center (NCIC)
Local Civilian Law Enforcement (LCLE)

2. I understand that failure to disclose the information precludes me from access to the Anniston Army Depot and employment with Anniston Army Depot and the Department of the Army. You can scan or email this document. Please scan or email to all of the following address: usarmy.anad.tacom.list.main-gate-badge-office@mail.mil

NAME: _____
LAST, FIRST, MIDDLE (as listed on Social Security Card)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ (DD-MM-YYYY)

PLACE OF BIRTH, CITY AND STATE: _____

DRIVER'S LICENSE: _____
STATE, NUMBER, EXPIRATION DATE

SEX: _____ RACE: _____

TELEPHONE # _____ E-MAIL ADDRESS: _____

RELEASE AUTHORIZATION:

I hereby authorize Anniston Army Depot, Directorate of Emergency Services, to release my name and Social Security Number for the purpose of conducting the required checks.

Typed or Printed Name (Last, First, MI)

Signature

(Date)