APPLICANT INFORMATION FORM



PRIVACY ACT STATEMENT The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 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 criminal history identification records. Providing this 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. If you are not US Citizen or Permanent US Resident, you must make your request directly to the FBI. You may request a copy of your own identification record to review it or change, correction, or an update to the record.

Applicant Information * Indicates Required Fields

<u> </u>		
* Last Name		
* First Name	*Height:	*Eye Color:
Middle Name	*Weight:	*Hair Color:
* Date of Birth (state or Country if outside US):		
* Phone Number		
Address:	City/St/Zip	
*U.S. Citizen or Legal Permanent Resider	nt 🗌 Yes 🗌 No If no, yo	ou must submit your request directly to the FBI
*Please indicate preferred method of sending your FBI report to you: (Choose just one option) Option 1 Quickest turnaround timeFBI report access using the Accurate Biometrics Customer Website –This service is provided to allow the applicant to retrieve/save/print their individual FBI response within 24 hours after fingerprints are either captured using livescan (electronic capture) or processed at the Chicago office if FBI 258 card(s) are submitted. If livescan, refer to your customer receipt that you will receive at time of fingerprint capture for information and instructions for retrieval. Online access to the FBI response report is available online for 30 days following the notice to the applicant or from time of printing if Livescan is used. Once the report is accessed or 30 days (whichever is shorter), the record is deleted. If submitting FBI 258 ink cards for processing please provide your email address –The email address must be clearly printed in CAPITAL LETTERS so that we can send you your personal transaction control number after your ink card prints have been processed. This personal tracking number is required if you want to retrieve your FBI criminal history using the internet. We will also use your email address to correspond with you in the event there are any questions or missing information that is required. *Email Address:		
 Option 2* US Mail (First class) Must complete address segment below. Option 3* UPS 2nd Day Air – Must complete address segment below. Option 4* – Customer portal retrieval and copy sent via first class US Mail. Mail Results to Address – The name must be the name of the applicant indicated above, or the applicant's attorney. The response cannot be sent to a third party. If response is being sent to the applicant's attorney, the attorney must include a written request on the attorney's letterhead and include signatures of the applicant and the attorney. *Applicant 's Attorney (if applicable) *Address 		
*Address		
*City *St	ate	*Zip Code
*Payment		
CASHIER'S CHECK / MONEY ORDER	CREDIT CARD (if by mail, plea	se submit credit card form, available on our website
 *Reason for Request: To Review your own record To adopt a child To live, work, or travel in a foreign country 		

To challenge information on your record

Other Court-Related Matters. Please explain

*SIGNATURE