
AUTHORIZATION FOR RELEASE OF INFORMATION

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Basic authority for collecting the requested information is contained in E.O. 12450:5 USC 1303-1305;; 42 USC 2165 and 2455: 22 USC 2585 and 2519: and 5 USC 3301. This form will be furnished to individuals and organizations for the purpose of obtaining information from them about you and your activities in connection with an official GSA Office of Inspector General investigation concerning: (1) fitness for Federal employment, (2) clearance to perform contractual services for the Federal Government, (3) security clearance or access to sensitive Government materials, or (4) any other legitimate law enforcement purpose within the scope of responsibilities exercised by the Office of Inspector General. Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.

AUTHORIZATION

By this release, I authorize any official representative of the General Services Administration (GSA) Office of Inspector General to request and obtain from any school, residential management agent, physician, hospital, employer, law enforcement agency, financial institution, individual, and any other entity, information relating to me and my activities. This information may include, but is not limited to, any and all records concerning my personal history, medical and health information, academic achievement, job performance and attendance, and results of any disciplinary action, arrests and convictions.

I authorize you to provide the requested information to the GSA, Office of Inspector General, official presenting this release. I have been advised that any information requested and provided will be used only for official purposes by the GSA Office of Inspector General and may be disclosed to third parties as necessary in accordance with applicable laws and regulations in fulfillment of official responsibilities.

I release any individual or organization from any and all liability for actual or alleged damages to me as a result of good faith compliance with this authorization.

Should you have questions on the validity or scope of this release, you may contact me as indicated below.

NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE	OTHER NAMES USED:	
CURRENT ADDRESS				
STREET			PARENT OR GUARDIAN <i>(If minor)</i>	
CITY	STATE	ZIP CODE	DATE OF BIRTH	
TELEPHONE			PLACE OF BIRTH	
AREA CODE	NUMBER		CITY	STATE
SIGNATURE			DATE	