

THE NATIONAL INSTITUTES OF HEALTH
NOTICE AND AUTHORIZATION FOR RELEASE OF INFORMATION

Privacy Act Notification:

Collection of this information is authorized under 5 U.S.C. 301 and 302; 40 U.S.C. 121(d), 1315; Delegation of Authority, 33 FR 604 (January 17, 1968); 42 U.S.C. 216; 44 U.S.C. 3101 and 3102; and 45 CFR Part 3. The primary use of this information is to determine the suitability or eligibility for access to National Institutes of Health facilities. For NIH security purposes, your name will be checked against the National Crime Information Center (NCIC) and other applicable law enforcement databases prior to the issuance of an affiliate NIH identification card and campus access pass. This may result in information being disclosed to law enforcement officials regarding past arrests, outstanding warrants, criminal convictions, or your inclusion on the FBI watch list. As a result of that disclosure, and if warranted, possible legal action and/or arrest could occur. Submission of this information is voluntary; however, in order for the NIH Police to determine your suitability to receive a government-issued NIH identification card and campus access pass, you must complete all fields.

Penalties for Inaccurate or False Statements:

Title 18, Section 1001, United States Code (USC) provides that knowingly falsifying or concealing a material fact is a felony punishable by a fine(s) of up to \$10,000, or 5 years imprisonment, or both. Additionally, Federal agencies generally fire, do not grant access, or disqualify individuals who have materially and deliberately falsified these forms, and this fact remains a part of the permanent record for consideration of future placements.

Authorization:

I authorize any appropriate member of the National Institutes of Health Division of Police to conduct a check against the National Crime Information Center (NCIC) and other applicable law enforcement databases to obtain information relating to my past history. I understand that the information released by records custodians and sources of information is for official use by the National Institutes of Health only for the purposes of determining my suitability or eligibility for access to NIH facilities, and may be re-disclosed by the NIH only as authorized by law.

The intent of this authorization is to provide full and free access to those records that will permit the National Institutes of Health to determine my suitability to receive a government-issued NIH identification card and access pass, as may be applicable.

Signature	Date	
Print Full Name	Social Security Number	Date of Birth
Print Parent/Guardian Name (if applicant is under 18)	Date	
Parent/Guardian Signature	Contact Number (All Applicants)	

Please check one of the following categories for issuing a badge:

- Extended Visitor - Retiree/Alumni Transportation Visitor Child Care Center
- Community Liaison Board Member (please specify _____)
- Other (please specify _____)

- Service Provider (please provide company name _____)
- Vendor (please provide company name _____)
- Construction Worker (please provide company/project name _____)

All applicants must have a NIH employee sponsor, i.e. spouse or institute coordinator sign this document before a badge is issued.

Sponsor Signature	IC	Date	Contact Number
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Requestor must personally hand-carry and present this form with a government-approved photo identification, such as driver's license, passport, worker's permit, school identification card, etc., to the Special Processing Unit, Bldg. #31C Center Drive, Room B3B18.

May take up to 2 weeks to process this request.