

# INQUIRY FOR UNITED STATES GOVERNMENT USE ONLY (EDUCATIONAL INQUIRY)

The person identified on this form has been appointed to or is an applicant for the position shown. To help us determine whether this person is suitable for Federal employment, we ask that you answer all questions on this form as fully and specifically as you can. The information you provide, including your identity, will be disclosed to the person identified below if he or she should so request.

ADDRESSEE:



**CERTIFICATION:** THE PERSON WE ARE INVESTIGATING HAS GIVEN WRITTEN CONSENT FOR THIS INVESTIGATIVE INQUIRY. A COPY OF THE WRITTEN CONSENT IS ATTACHED FOR YOUR USE.

THIS INVESTIGATIVE INQUIRY IS IN FULL COMPLIANCE WITH THE PRIVACY ACT OF 1974 AND OTHER LAWS PROTECTING THE CIVIL RIGHTS OF THE PERSON WE ARE INVESTIGATING. THE INFORMATION YOU PROVIDE, INCLUDING YOUR IDENTITY, WILL BE DISCLOSED TO THE PERSON BEING INVESTIGATED ON THIS PERSON'S REQUEST, UNLESS YOU ASK THAT YOUR IDENTITY BE KEPT CONFIDENTIAL.

**NOTE:** YOUR DELAY IN RETURNING THIS FORM COULD PROLONG A DECISION AND INCONVENIENCE THE PERSON BEING INVESTIGATED.

APPLICANT OR APPOINTEE

*Please use this form when replying or show the case number if you reply by letter. A postage-free envelope is enclosed for your reply. Please reply promptly.*

Attendance is claimed in your:

- DAY SCHOOL .....
- EVENING SCHOOL .....
- EXTENSION SCHOOL .....
- INDUSTRY TRAINING PROGRAM .....
- OTHER (Specify) .....

From	To

**TO BE COMPLETED BY ADDRESSEE ON THIS INQUIRY**

<p>1. Are the claimed dates of attendance correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "No," give correct dates:</p>	<p>3. Was this person graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No (a) Did this person receive a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If your answer is "Yes," give degree and date it was conferred:</p>
<p>2. Date and place of birth as shown on school records.</p>	

If more space is needed for your answer, please continue on a separate sheet of paper.

**PLEASE SIGN YOUR NAME BELOW**

DATE	SIGNATURE	TITLE
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