

SID # _____

FBI # _____

CRIMINAL HISTORY RECORD REQUEST

PRIVACY ACT STATEMENT

AUTHORITY: 44 U.S.C. 3101; 5 U.S.C. 301; 10 U.S.C. 2733; 28 U.S.C. 1346, 2671-2680; 31 U.S.C. 3521, 3526, 3529, 3701-3702, 3717-3718; 42 U.S.C. 2651-2653

This form will be used by the NAVMEDCEN Security Department to perform a trustworthy determination check. This information provided will not be divulged outside the Department of Defense without your written authorization other than to Federal, State and Local law enforcement agencies for their required official use and other authorized regulatory bodies.

Furnishing your information is voluntary, however failure to do so will prevent access to the NAVMEDCEN compound and branch medical clinics.

I HEREBY AUTHORIZE NAVAL MEDICAL CENTER PORTSMOUTH SECURITY DEPARTMENT TO CONDUCT CRIMINAL HISTORY BACKGROUND CHECK.

PLEASE FILL OUT FORM - POR FAVOR LLENA ESTO

NAME OF PERSON - NOMBRE

ADDRESS OF PERSON - DIRECCION

DESCRIPTION: AGE-EDAD: _____ DATE OF BIRTH-FECHA NACIMIENTO: _____

SOCIAL SECURITY NUMBER-NUM.SEQURO SOCIAL: _____

SEX-SEXO: _____ RACE-RAZA: _____ EMPLOYER-COMPANIA: _____

CONTRACT START AND END DATES: _____

Print/Signature/*firma* of NMCP Point of Contact

Signature/*firma* of Individual to be hired

Phone Number of NMCP Point of Contact: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____

PLEASE ATTACH COPY OF DRIVER'S LICENSE/DMV ISSUED IDENTIFICATION CARD

TO BE COMPLETED BY THE SECURITY POLICE DEPARTMENT PERSONNEL:

I HAVE VERIFIED THE IDENTITY OF THE INDIVIDUAL NAMED ABOVE BY EXAMINING THE PRESENTED IDENTIFICATION.

SECURITY REPRESENTATIVE

SECURITY OFFICER

HIS/HER ATTORNEY, UPON PROPER IDENTIFICATION, SHALL HAVE THE RIGHT TO INSPECT CRIMINAL HISTORY RECORD OF CONVICITIONS BEING MAINTAINED ON THAT INDIVIDUAL
NMCP 5512/8 (REV 4/07)