SPECIAL AGREEMENT CHECKS (SAC)

OFI FORM 86C MANAGEMENT U.S. OFFICE OF PERSONNEL

Agency Agreement Number 94-01 AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK 1. SUBJECT=S FULL NAME Last Name First Name Middle Name Abbrev. Month Day Year 3. PLACE OF BIRTH Use the two letter code for the State City County State Country (If not in the United) States Country (If not in the United) 5. OTHER NAMES USED AND DATES WHEN USED Name Month/year to Month/year Name Month/year to Month/year Name Month/year to Month/year Name Month/year to Month/year SPECIAL AGREEMENT CODES R 9. SON 3173 C M 00 10. SOI OPAC/ALC NUMBER 12. ACCOUNTING DATA 1. OTHER INFORMATION REQUIRED BY AGREEMENT - CHECK ANY REQUIRED BLOCKS BELOW AND CONTINUE TO PAGE 2 (Code E) Credit Record. (Code F) Selective Service Record (Code G) Military Personnel Record (Code I) Immigration and Naturalization Service Record (Code M) Bureau of Vital Statistics Record	94-01 Y USE ONLY (COMPLETE ITEMS 1 Test Name F BIRTH Use the two letter code for the County County State	S 1 THROUGH 14 USING INSTRUCTIONS FR 2. Middle Name Abbrev. Mo the State 4. SOCIAL SEC	OM THE BACK DATE OF BIRTH onth Day Year	
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Requesting Official Name and Title CARROLL R. WARD Regional Security Officer Telephone Number (757) 441-3431	R. WARD		Date	