IDENTITY HISTORY SUMMARY REQUEST FORM

Information **** Denotes Required Fields***

*Last Name	*First Name
Middle Name 1	Middle Name 2

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident: ☐ Yes ☐ No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

*Race *(please check appropriate box)*:
☐ Asian ☐ Black ☐ Caucasian ☐ Native American ☐ Unknown

*Sex *(please check appropriate box)*:
☐ Male ☐ Female ☐ Other

Address

C/O	ATTN
*Address	
*City	*State
*Postal (Zip) Code	*Country
Phone Number	E-Mail

Payment Enclosed: *(please check appropriate box)*

☐ CERTIFIED CHECK ☐ MONEY ORDER ■ CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

*** REQUESTOR SIGNATURE** _____ **DATE** _____

Mail the signed requestor information form, fingerprint card, and payment of $18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

PRIVACY ACT STATEMENT
The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:
Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.