

**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: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

*Race (please check appropriate box): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown
*Sex (please check appropriate box): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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.

# IDENTITY HISTORY SUMMARY REQUEST

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-1164 (Rev. 11-1-20)

SIGNATURE OF REQUESTOR

ADDRESS

DATE OF BIRTH DOB YYYY/MM/DD

DATE FINGERPRINTED

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

SOCIAL SECURITY NO.

LEAVE BLANK

CLASS \_\_\_\_\_

REF. \_\_\_\_\_

FINGERPRINTED BY

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERSTAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERSTAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306**

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## US Department of Justice Order 556-73

**To assist with obtaining legible fingerprints:**

1. Wash and dry fingers thoroughly.
2. Roll fingers from nail to nail, and avoid allowing fingers to slip.
3. Be sure impressions are recorded in correct sequential order.
4. Indicate in the appropriate fingerprint blocks if fingers are missing/amputated.
5. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained.
6. Examine the completed prints for image quality.

**Privacy Act Statement:**

Authority: The collection of your fingerprints and associated personal information is authorized by 5 U.S.C. 552a and 28 C.F.R. 16.30-16.34.

Purpose: The FBI will use your information to search the Next Generation Identification (NGI), its biometric and identity history system, to locate your FBI Identification record (or lack thereof).

Routine Uses: The information you provide will be protected and the FBI may only share this information in accordance with the Privacy Act.

Disclosure: Provision of your fingerprints and associated personal information, including your Social Security number, is voluntary; however, without the information the FBI will be unable to process your request and search the NGI System for your FBI Identification record.

**Paperwork Reduction Act Statement:**

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department of Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.



U.S. Department of Justice  
Federal Bureau of Investigation  
Criminal Justice Information Services Division  
Clarksburg, WV 26306

DATE: 09-20-2021

# INFORMATION ONLY

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation has completed the following fingerprint submission:

**Subject Name**

XXXXXXXXXXXXXXXXXX

**Search Completed Result**

09-20-2021

<https://www.govinfo.gov>

**A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.**

Social Security number: XXXXXXXXXXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at (304) 625-5590. You may also visit the Web site at [www.fbi.gov](http://www.fbi.gov) for further instructions.

Scott A. Rago  
Section Chief  
Biometric Services Section  
Criminal Justice Information  
Services Division