

ACCESS OF NON-FBI PERSONNEL TO FBI FACILITIES  
BACKGROUND DATA INFORMATION FORM  
(COMPLETE ALL ITEMS)

Name (Type or Print Legibly) <b>(Full Name)</b>		Other Names Used (Maiden name and alias)	
Residence (Include City and State) <b>(Full Address)</b>		Social Security Number	
Date of Birth Month/Day/Year	Place of Birth <b>city &amp; state</b>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Company Name & Address		Supervisor & Telephone Number	
U. S. Citizenship: <input type="checkbox"/> By Birth <input type="checkbox"/> By Naturalization <input type="checkbox"/> By Other			
Location Naturalized		Date Naturalized	
Alien Registration Number	Location Registered	Date Registered	
<p>Have you ever <u>been charged</u> with or convicted of any felony offense <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>Have you ever <u>been charged</u> with or convicted of a firearms or explosives offense? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>Are there <u>currently</u> any charges pending against you for any criminal offense? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>Have you <u>ever been</u> charged with or convicted of any offense(s) related to alcohol or drugs? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>In the last 10 years, <u>have you been</u> arrested for, charged with, or convicted for any offense(s) not listed above? (Leave out traffic fines less than \$100) <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p><b>If yes, or if you have doubts (e.g.-expungement, pardon, etc.) furnish details on back of form. Attach additional sheet, if necessary.</b></p>			
<p>Have you ever lived in or visited a foreign country <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, furnish details. Attach additional sheet, if necessary</p>			

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each of the above questions. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both and will be reason to deny access to all FBI facilities.

Signature

(Sign in Ink)

Date

**FSS**

**DL**  
**exp.**  
**Ph.**

FEDERAL BUREAU OF INVESTIGATION  
**PRIVACY ACT NOTICE FOR INDIVIDUALS SUBJECT TO A  
LIMITED BACKGROUND INVESTIGATION**

**PRIVACY ACT NOTICE**

The purpose of this notice is to inform you that the FBI is authorized to collect information from you pursuant to one or more of the following provisions: Title 28, United States Code, sections 531 and 533, and Title 28, Code of Federal Regulations, sections 0.75(p), 0.79, and 0.85(c). The information requested will be used by the FBI to conduct background inquiries to determine whether to provide you with access to FBI space or certain FBI material. The information you provide is protected by the Privacy Act of 1974 and will be maintained in the FBI's Central Records System, Justice/FBI-002, notice of which was published in the *Federal Register* at 63 Fed. Reg. 8671 (Feb. 20, 1998), and which may be viewed at <http://www.justice.gov/opcl/doj-systems-records#fbi>. The information you provide may be disclosed in accordance with the routine uses contained in that notice or as otherwise authorized by law.

Providing the requested information is voluntary on your part and will be used to determine your eligibility for access to FBI space or certain FBI material; however, failure to provide all of the requested information may prevent the FBI from completing necessary background inquiries and result in the denial of your request for access to FBI facilities and information. In addition, willfully making a false statement in the information you provide or concealing a material fact from that information may violate Title 18, United States Code section 1001.

**CONSENT**

Signature of Applicant:

Date:

NOTICE: The applicant should be provided with, and allowed to retain, a copy of form FD-484.



## Non-Personnel Consent to Release Information

To Whom It May Concern:

I hereby give consent to any authorized representative of the Federal Bureau of Investigation to obtain any information in your files pertaining to my academic, achievement, athletic, attendance, credit (including credit card and payment device numbers), disciplinary, employment, law enforcement (including, but not limited to, any record of charge, prosecution, or conviction for civil or criminal offenses), military, or professional license records (including any grievance records). I hereby direct each entity to which this form is presented to release such information upon request of the authorized recipient as described above, regardless of any other agreement or direction I may have made.

This consent is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation in connection with the determination of suitability for employment and/or eligibility for new or continued access to classified information of a current or prospective government employee with whom I am associated. Consent is granted for the Federal Bureau of Investigation to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid for one (1) year from the date signed.

Signature (sign in ink)	Full Name (type or print clearly)	Date Signed
Other Names Used		Social Security Account No.
Signature of Parent or Guardian (if required)	Place of Birth	Date of Birth
Signature of Witness <i>Paula B. Booker</i>	Name & Title of Witness <i>Paula B. Booker, PSS</i>	

### PRIVACY ACT STATEMENT

**Authority:** The collection of information requested by this form is authorized under Executive Order 10450, Security Requirements for Government Employees; Executive Order 12968, Access to Classified Information; and the Fair Credit Reporting Act, 15 U.S.C. §§1681 et seq. Providing requested information is voluntary; however, failure to furnish the requested information and consent may affect our ability to complete the determination of suitability for employment and/or eligibility for new or continued access to classified information of a current or prospective government employee with whom you are associated.

**Principal Purpose:** The information will be used principally to obtain such academic, achievement, athletic, attendance, credit, disciplinary, educational, employment, law enforcement, military, and professional license records as may be necessary to determine the suitability for employment and/or eligibility for new or continued access to classified information of a current or prospective government employee with whom you are associated. Your Social Security Account Number (SSAN) identifies you in most of the above-listed transactions. We will use your SSAN to accurately identify your records and to process investigations, inquiries, and/or determinations related to this consent.

**Routine Uses:** In addition to disclosures within the Department of Justice on a need-to-know basis, information reported on this form may be disclosed in accordance with all applicable routine uses as may be published at any time in the Federal Register, including all routine uses for the FBI Central Records System. These routine uses include the following disclosures: to potential sources in order to locate, seek, and obtain information or records pertaining to you; to any appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, or security matters to which the information may be relevant; to non-FBI employees performing Federal assignments; to courts or adjudicative bodies when the FBI considers it has an interest in the proceedings; or as otherwise mandated by law, treaty, or Executive Order.



**SENSITIVE INFORMATION  
NONDISCLOSURE AGREEMENT**

Print your name

An Agreement between

and the Federal Bureau of Investigation (FBI) regarding the following activities:

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to sensitive information from FBI investigations as required to perform my duties. As used in this Agreement, sensitive information is marked or unmarked information, including, but not limited to, oral communications, the disclosure of which may compromise, jeopardize or subvert any investigation. Sensitive information also includes information relating to closed investigations, the disclosure of which might compromise, jeopardize or subvert other law enforcement activities or investigations. I understand and accept that by being granted access to this sensitive information, special confidence and trust shall be placed in me by the FBI.
2. I hereby acknowledge that I have received an indoctrination concerning the nature and protection of sensitive information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of sensitive information may cause irreparable damage to FBI investigations and that I will never divulge sensitive information to anyone unless (a) I have officially verified that the recipient has been properly authorized by the FBI to receive it; or (b) I have been given prior written notice of authorization from the FBI that such disclosure is permitted. I understand that if I am uncertain as to the sensitive nature or status of information, I am required to confirm from an authorized official that the information may be disclosed prior to disclosure of this information.
4. I have been advised that any breach of this Agreement may result in the termination of my relationship with the FBI. In addition, I have been advised that any unauthorized disclosure of information by me may constitute a violation or violations of United States criminal laws, including Title 18, United States Code, or may lead to criminal prosecution for obstruction of lawful government functions. I realize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.
5. I understand that all sensitive information to which I have access or may obtain access by signing this agreement is now and will remain the property of, or in the control of the FBI unless otherwise determined by an authorized official or final ruling in a court of law. I agree that I shall return all sensitive materials which have or may come into my possession, or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; or (b) upon the conclusion of my relationship with the FBI, whichever occurs first.
6. I understand that these restrictions are consistent with and do not supersede, conflict with, or otherwise alter my obligations, rights, or liabilities created by Executive Order No. 12958; Section 7211 of Title 5, U.S.C. (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the FBI Whistleblower Protection Act (5 U.S.C. 2303, 28 C.F.R. Part 27) (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential government agents); and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, and 952 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. 783(b)). The definitions, requirements, obligations, rights, sanctions, and liabilities created by said Executive Order and listed statutes are incorporated into this agreement and are controlling. I further understand, however, that any such information that is disclosed pursuant to applicable federal law continues to be subject to this agreement for all other purposes, and disclosure to the appropriate entities provided by federal law does not constitute public disclosure or declassification, if applicable, of such information.
7. Unless and until I am released in writing by an authorized representative of the FBI, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to the sensitive information and at all times thereafter.

8. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

9. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this agreement. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of sensitive information not consistent with the terms of this Agreement.

10. I have read this Agreement carefully and my questions, if any, have been answered.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Organization (if contractor, provide name and address):

STOP HERE

The briefing and execution of this Agreement was witnessed by \_\_\_\_\_

Paula B Booker  
(Type or Print Name)

Signature \_\_\_\_\_

Paula B Booker

Date \_\_\_\_\_

#### SECURITY DEBRIEFING ACKNOWLEDGMENT

I reaffirm that the provisions of the Federal criminal laws applicable to the safeguarding of sensitive information have been made available to me; that I have returned all sensitive information in my custody; that I will not communicate or transmit sensitive information to any unauthorized person or organization; that I will promptly report to the FBI any attempt by an unauthorized person to solicit sensitive information, and that I have received a debriefing regarding the security of sensitive information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Witness (Type or Print) \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_