



## Authorization for Release of Information

**INSTRUCTIONS:** Carefully read this authorization to release information about you, then type or print legibly and complete all applicable sections. Return original completed form to TSA Office of Security, Personnel Security Division.

I authorize the Transportation Security Administration (TSA), through its employees, agents, or contractors, to obtain any information relating to my activities from criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, or other relevant sources of information. This information may include, but is not limited to, any criminal history record information, and financial and credit information.

I understand that the purpose of this authorization is to permit TSA to conduct a background investigation for the purpose of making a determination of suitability or eligibility for employment and/or a security clearance, or for work on a Government contract. I authorize the custodians of records and other sources of information pertaining to me to release such information upon request of TSA, regardless of any previous agreement to the contrary. I understand that the information released by custodians of records and other sources of information is for official use by the Federal Government only for the purposes stated above. This information may be re-disclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

|   |                         |              |  |                                  |
|---|-------------------------|--------------|--|----------------------------------|
| <b>Full Name</b>                        | <b>Other Names Used</b> |              |  | <b>Social Security Number --</b> |
| <b>Current Address</b>                  | <b>City</b>             | <b>State</b> | <b>Zip</b>                                   | <b>Contact Number ( ) -</b>      |
| <b>Signature</b> ( <i>sign in ink</i> ) |                         |              | <b>Date Signed</b> ( <i>mm/dd/yyyy</i> ) / / |                                  |

**PRIVACY ACT STATEMENT: Authority:** 49 U.S.C. § 114 (n); E.O. 9397. **Principal Purpose(s):** To establish that applicants and incumbents either employed by TSA or working under contract are suitable for the job and/or eligible for a public trust or sensitive position, and/or a security clearance. **Routine Use(s):** This information may be shared with to any potential source from which information is requested in the course of this background investigation to the extent necessary to identify you, inform the source of the nature and purpose of the investigation, and to identify the type of information, or for routine uses listed in the applicable system of records notice. **Disclosure:** Disclosure of the requested information is voluntary in the sense that no criminal penalties will follow from a failure to provide the information. However, failure to provide the requested information may affect your employment prospects, eligibility for continued employment, ability to obtain a security clearance, or ability to work on a government contract. Disclosure of your SSN is also voluntary, but failure to provide your SSN may result in a delay in determining your suitability for employment.