

STATEMENT

I understand that part of my pre-employment processing requires me to submit to a local Police Record Check.

DATE REQUIRED BY PRIVACY ACT OF 1974

Prescribing: Directive: AR 340-21

Authority: Title 5, USC, Section 301, and Title 10, USC, Section 3012

Principal Purpose: Your social security number and other privacy information will enable the local, civilian and military police, and the Criminal Investigations Division (CID) to conduct the required pre-employment security/police record check.

Routine Use: Your social security number will be used to seek a police records check with local, state, and federal law enforcement agencies.

Disclosure and Effect: Voluntary. If the information requested is not provided, employment will be denied.

My signature verifies that I have read and understand the above Privacy Act Notification.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date MM/DD/YYYY)

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MM/DD/YYYY) (CITY, STATE)

Social Security Number: - -

\_\_\_\_\_ I have no offenses

\_\_\_\_\_ I have been cited for the following offenses

\_\_\_\_\_  
(Offense) (Date MM/DD/YYYY) (Fine/ Punishment)

\_\_\_\_\_  
(Offense) (Date MM/DD/YYYY) (Fine/Punishment)

\_\_\_\_\_  
(Offense) (Date MM/DD/YYYY) (Fine/Punishment)

IMWE-LVW-MWN

MEMORANDUM FOR: Provost Marshal Office, Fort Leavenworth, KS 66027

SUBJECT: Records Check

1. References:
  - a. AR 190-35
  - b. AR340-21
2. In accordance with the above references, requested a record check for

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(LAST) (FIRST) (MIDDLE)

3. Once the record check is complete please have the person who is delegated as the authority to conduct this check, endorse his/her findings and return this memorandum for filing in our local files.
4. Applicant's Privacy Act Statement and allied information is enclosed.
5. POC is the undersigned at Family and MWR, (913) 684-1669.

GLENN D. HEWITT  
Director, Family and MWR

Response from the Provost Marshal's Office:

This record check request was processed by the undersigned at the Fort Leavenworth Provost Marshal Office, (913) 684-3524, on \_\_\_\_\_.

Findings were (No Derogatory Information) (Derogatory Information).

If derogatory information is indicated it may not be released as part of this document and will require a separate action via Freedom of Information Act to process the inquiry.

SHANE DUNCAN  
PMO