

**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 identity history 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. 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.

**Applicant 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: \_\_\_\_\_

\*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_

**\*Hair (please check appropriate box):**

- Bald  Black  Blonde/Strawberry  Blue  Brown  Gray  Green  Orange  Pink
- Purple  Red/Auburn  Sandy  Unknown  White

**\*Eyes (please check appropriate box):**

- Black  Blue  Brown  Gray  Green  Hazel  Maroon  Multicolored  Pink  Unknown

**Applicant Home Address**

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_

\*Postal (Zip) Code \_\_\_\_\_ \*Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Mail Results to Address**

C/O A.T.V.P. ATTN KAITLIN WOLFF

Address P.O. BOX 37

City PULLMAN State WA

Postal (Zip) Code 99163 Country U.S.A.

Phone Number (if different from above) 509-332-0552

**Payment Enclosed: (please check appropriate box)**

- CERTIFIED CHECK  MONEY ORDER  CREDIT CARD FORM

**Reason for Request:**

- Personal review  Challenge information on your record  Adoption of a child in the U.S.
- International adoption  Live, work, or travel in a foreign country  Other VOLUNTEER

\* APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail the signed applicant 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**

*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.*