



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER**

AUTHORITY FOR RELEASE OF INFORMATION

NAME OF APPLICANT		DATE	
MILITARY SERIAL NUMBER (if applicable)	SOCIAL SECURITY NUMBER		
DATE OF BIRTH	PLACE OF BIRTH		
STREET ADDRESS	CITY	STATE	ZIP CODE

Please sign your full name (not initials) on each line below (B through G). This release, when presented by a duly authorized representative of the District of Columbia, will constitute my consent and authority to examine and obtain copies, abstracts of records, receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to the District of Columbia Government.

- A. CREDIT BUREAU INFORMATION** See Attached Disclosure and Authorization
- B. EDUCATIONAL INFORMATION** _____
- C. EMPLOYMENT INFORMATION** _____
- D. MILITARY INFORMATION** _____
- E. POLICE AND CRIMINAL RECORDS** _____
- F. REFERENCES** _____
- G. FEDERAL, STATE & LOCAL TAX INFORMATION** _____

This authorization is given in connection with a personnel background investigation being conducted relative to my application for employment or continued employment with the District of Columbia Government.

This form is in compliance with the Privacy Act of 1974. This form is issued pursuant to the statutory authority of the Chief Financial Officer of the District of Columbia. The information you supply by signing this release will be used principally to aid in the completion of an investigation to determine your fitness for employment in the District of Columbia Government or for other employment related purposes including a security clearance and an evaluation of your qualifications, suitability, and loyalty to the United States.

Your signature on this form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation. Without a completed pre-appointment investigation a sensitive position cannot be filled in an applicant's case; nor can a clearance be issued to an employee until the investigation is completed.

The information obtained, as a result of your signature on this form, and information developed through investigation may be furnished to designated officers and employees of agencies and departments of the D.C. Government for employment purposes including a security clearance determination, an access determination, an evaluation of qualifications, suitability, and loyalty to the Government, and a determination regarding qualifications or suitability for performing a contractual service to the D.C. Government.

Information regarding disclosure of your Social Security Number (SSN) under §552a, 5 U.S.C., if applicable. Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, processes that you are seeking. The SSN is used as an identifier throughout your D.C. Government career. It will be used primarily to identify records that you file with the D.C. Government. The SSN also will be used by the D.C. Government in connection with lawful requests for information about you directed to your former employers, educational institutions and financial or other organizations. The information gathered through the use of the SSN will be used only as necessary in personnel administration process carried out in accordance with established regulations and published notices of systems of records. The use of the SSN is made necessary because of the large number of present and former D.C. Government employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

INVESTIGATOR	AGENCY OR BUREAU
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**DISCLOSURE AND AUTHORIZATION PERTAINING TO
CONSUMER REPORTS PURSUANT TO
THE FAIR CREDIT REPORTING ACT**

This supplements OCFO Form 2, Authority for Release of Information, and is a release for the Office of the Chief Financial Officer to obtain one or more consumer/credit reports about you for an investigation in connection with your application for employment or in the course of your employment with the Government of the District of Columbia, including your employment as a Government contractor.

A required component of your investigation for employment is an inquiry with a credit bureau. One or more reports about you may be requested for employment purposes, including evaluating your suitability for employment, promotion or reassignment that results in a change to your position risk level.

I, _____, hereby authorize the Office of the Chief Financial
(Print Name)

Officer and its authorized representatives to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

(Signature)

(Date)

A summary of your rights under the Fair Credit Reporting Act will be provided to you upon request. If the Office of the Chief Financial Officer intends to take any adverse action based in whole or in part on your credit report, you are entitled to certain protections set out in the Fair Credit Reporting Act, 15 U.S.C. 1681, and would be so advised at such time.