



Smithsonian Institution  
Office of Protection Services

**REQUEST FOR FINGERPRINT INFORMATION**

(Please Print)

PERSONAL INFORMATION					
Last Name:		First:		Middle:	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name, e.g. maiden name):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Country of Citizenship:			Place of Birth: (US State or Country)		
Social Security Number:			SI Affiliation (new position type): i.e. Staff, Volunteer, Intern, etc.		
(Permanent) Address:					
City		State:		Zip Code:	
PHYSICAL DESCRIPTION					
Race:	Eye Color:	Hair Color:	Height: ft    in	Weight: lbs	
SPONSOR OR POINT-OF-CONTACT INFORMATION					
Name:		Organization/Museum:		Telephone Number: (    )	
PRIVACY STATEMENT					
<p>Solicitation of this information is authorized by sections 1304 (Loyalty Investigations) and 3301 (Civil Service) of title 5, U.S. Code; Executive Order 10450 (Security Requirements for Government Employment); or Public Law 82-298 (Authority for Conducting Certain Personnel Investigations). This information will be used to search the Federal Bureau of Investigation's fingerprint file in determining your fitness for Federal employment or a security clearance. It may also be used for searches of other law enforcement agencies maintaining fingerprint files for the same purpose.</p> <p>Your Social Security Number (SSN) is being requested under the authority of Executive Order 9397 (November 22, 1943). This Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Furnishing any of the requested information is voluntary. However, failure to furnish this information may result in your not being considered for employment or for a clearance. A false answer to any question on this form is punishable by law (title 18, U.S. Code, Section 1001).</p>					
Signature				Date	