

**CID NAME CHECK REQUEST FORM
PRIVACY ACT STATEMENT**

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 295-1; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USE: Your social security number is used as an addition/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

FORM MUST BE TYPED

FROM: DDESS KY Schools
Crittenberger Central Office
Ft. Knox, KY.
PHONE 502.624.2345

Requesting Date: _____

TO: 280th MP DET (CID) – (CIRC-CFK)
3d MP Group, USACIDC
Building 1467, 3rd Avenue

Request a name check through Crime Records Center on the following individual:

LAST NAME: _____ **FIRST NAME:** _____

FULL MIDDLE NAME: _____ **MAIDEN NAME:** _____

ALIAS (Nick Names/Other Names Used): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: (Month) _____ (Day) _____ (Year) _____

PLACE OF BIRTH: City _____ State _____ Country _____

REASON with Army Regulation justification: Army Regulation 608-1, Chapter 1, Section 5-9 (F) of the Army Community Service Center Manual

APPLICANT: If signing for someone other than self, please provide a copy of Power of Attorney.

Requesting Official's Signature

Applicant's Signature

Typed Name

Typed Name

502.624.2345, Administrative Support Spc.
Phone Number & Typed Title

CIRC-CFC (195-2b6)

Date Results Received _____

_____ No Derogatory Information Found by Criminal Records Center

_____ Derogatory Information Found and has been made available for review

Signature of CID Representative