

**BACKGROUND INVESTIGATION REQUEST FORM**

To: Command Investigations Division (Naval Hospital Jacksonville)

From: \_\_\_\_\_

Subject: Background Investigations.

1. Subject member is currently being processed for a security clearance. As per SECNAVINST 5510.30bB requires all local area records and / or files to be checked for adverse or derogatory information which may be relevant to the member being granted access to classified information or assignment to sensitive duties. To satisfy this requirement, we request your activity conduct a record and/or file review and complete the endorsement below.
2. If results of record check are negative, return VIA fax. If results are adverse or derogatory, please contact our command Security Officer at 542-7545.

**APPLICANT INFORMATION**

NAME LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B.(mm/dd/yyyy): \_\_\_\_\_ Race: \_\_\_\_\_

Sex: MALE / FEMALE HT: \_\_\_\_\_ WT: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSOR INFORMATION**

Sponsor Name: \_\_\_\_\_ Sponsor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

**FIRST ENDORSEMENT**

From: Command Investigation Division, NAS HOSPITAL JACKSONVILLE

To: MACS (SW/SCW) S. Phelps

1. All local records / files pertaining to the above named individual have been reviewed.
2. Results pertaining to the subject individual are as follows.
  - No record found     No pertinent information found     Adverse / Derogative information found
3. Recommend for     Approval     Disapproval

Security Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_