

INSTALLATION RECORDS CHECK RELEASE AUTHORIZATION CENTRAL SUITABILITY OFFICE (CSO)

All individuals involved in the provision of child care services on a Department of Navy (DON) installation or in a DON-sanctioned program must complete the Installation Records Check (IRC). The IRC includes a check of the Substance Abuse Rehabilitation Program (SARP) records in the Alcohol and Drug Management Information Tracking System (ADMITS) database, a check of the Family Advocacy Program (FAP) records in the Fleet and Family Support Management Information System (FFSMIS), and an installation security/base check via the DON Consolidated Law Enforcement Operations Center (CLEOC) database and/or other law enforcement systems. This information will be used to determine suitability for the applicant in accordance with criteria for automatic and presumptive disqualifiers, per DoDI 1402.05.

PRIVACY ACT STATEMENT

AUTHORITY: Department of Defense Instruction (DoDI) 1402.05, Background Checks on Individuals in DoD Child Care Services Programs; CNIC Notice 1700, Interim Policy for Child and Youth Programs Background Check Compliance and Audit Readiness; 10 U.S.C. §5013, Secretary of the Navy; 10 U.S.C. §5041, Headquarters, Marine Corps; DoDI 6060.2, Child Development Programs; DoDI 6060.3, School Age Care Program; DoDI 6060.4, Youth Programs; Office of the Chief of Naval Operations Instruction (OPNAVINST) 1700.9E, Child and Youth Program; Marine Corps Order P1710.30E, Marine Corps Children, Youth, and Teen Programs; and Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons, as amended.

PRINCIPAL PURPOSE(S): To require each employee, contractor, child development home (CDH) provider, family member of a CDH provider, specified/non-specified volunteers, and summer hire on a DON installation or in a DON-sanctioned program to undergo the IRC. When completed, records are covered by SORN NM01754-3.

ROUTINE USES: This release will be initiated by DON staff and will be maintained in DON offices. The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html may apply to these records.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

SECTION I. APPLICANT INFORMATION *(To be completed by Applicant or servicing Human Resources Office)*

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements) Smith, Jane, Marie		2. OTHER NAME(S) USED Johnson, Jane Marie (maiden)	
3. PLACE OF BIRTH (City, State, Country) Norfolk, VA	4. DATE OF BIRTH (MM/DD/YYYY) 01/01/2000	5. SOCIAL SECURITY NUMBER 123 - 45 - 6789	
6. CURRENT ADDRESS (Street, City, State, Zip Code) PSC 819 Box 001, FPO AE 09811			

SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION *(To be signed by Applicant)*

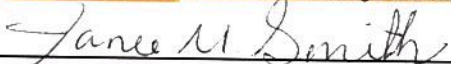
I hereby authorize the Department of the Navy and other authorized federal agencies to obtain any information required from the Federal Government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation, the Defense Investigation Service, the U.S. Office of Personnel Management, the Department of Homeland Security, (if applicable), and from the State Criminal History Repository for each state where I (or my child) have resided and worked. This authorization is valid for one year from the date this release was signed or upon termination of affiliation with the Federal Government, whichever is sooner.

I authorize the release of information in any records from the FFSMIS, SARP / ADMITS, and CLEOC, or other law enforcement systems to the Fleet & Family Readiness Personnel Office and CSO for consideration in the suitability determination for the provision of child care services.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment or the sanctioned provision of child care services. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the IRC. I also understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the IRC.

I release any individual, including records custodians, any component of the United States Government, or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

PLEASE RETURN SIGNED RELEASE TO THE SERVICING HUMAN RESOURCES OFFICE

7a. PRINT NAME (Applicant or Parent/Legal Guardian) Jane Smith	7b. DATE (MM/DD/YYYY) 09/01/2019	7c. SIGNATURE (Applicant or Parent/Legal Guardian) 
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SECTION III. POSITION AND BACKGROUND CHECK INFORMATION *(To be completed by servicing Human Resources Office)*

8. INSTALLATION / REGION / HEADQUARTERS NS Rota	9. DATE OF HIRE (Or estimated) (MM/DD/YYYY) 09/20/2019
10. POSITION CATEGORY (Regardless of position category, please check "Teen" if individual is aged 12-17) <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Specified Volunteer <input type="checkbox"/> Non-Specified Volunteer <input type="checkbox"/> Teen (12-17) <input type="checkbox"/> Summer Hire <input type="checkbox"/> CDH Provider <input type="checkbox"/> CDH Household Member - Provider: _____	
11a. CURRENT OR PREVIOUS DOD AFFILIATION (If no, continue to Question 12) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	11b. ACTIVE DUTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
12. CYMS RECORD CREATION CONFIRMED WICYP (CYP point of contact name and date confirmed) (MM/DD/YYYY) N/A	
13. INVESTIGATION TYPE <input type="checkbox"/> IRCs Only / Transfer <input checked="" type="checkbox"/> Initial <input type="checkbox"/> SAC Only / Annual <input type="checkbox"/> 5-year Reinvestigation	14. DATE OF CURRENT INVESTIGATION EXPIRATION (If applicable) (MM/DD/YYYY)

15. COMMENTS