



State of Alaska

State Security Office

SSO Checklist for Background Security Checks

Section A – To be completed by Employee/Contractor Manager

Date – MM/DD/YYYY - ____/____/____ Employee/Contractor? (Circle one)

Name – Last: _____, First: _____ M.I.: _____

Job Title: _____ Organization: _____

Phone Number: _____ E-Mail: _____

Supervisor/Manager's Name: _____ Telephone: _____

Reason for Background Check Request: _____

Section B – To be completed by SSO

Date received/Shipped: _____

- a. To Whom: _____
- b. Via (Carrier): _____

Contents:

Fingerprint cards – No. of Sets: _____

APSIN Form: _____

CJIS Addendum (if needed) : _____

Additional Comments: _____