

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request # 15241581

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request # 15241581 . The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request # 15241581 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request # 15241581 Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code (SHA-256):

9e7887a91d20c97735187108dfb74c4955eacb41d0cd4d7a727aa56b0f86f092

Official Archival Copy PDF Hash Code (SHA-256):

1160af2a2a9905ce8460bb5ef4a13e7e195ac0595c01ce0b37e36451e5f78733

Date/Time Certified in the e-QIP System: **2013-09-12 11:09:14**

Applicant's Social Security Number: **230-51-7177**

Questionnaire for Non-Sensitive Positions (SF85 Format)

OMB No. 3206-0005

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (*Sign in ink*)

Date (*mm/dd/yyyy*)

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (<i>Sign in ink</i>)	Full name (<i>Type or print legibly</i>) Sergey Avgust Surikov	Date signed (<i>mm/dd/yyyy</i>)
Other Names Used		Social Security Number 230-51-7177
Current Address (<i>Street, City</i>) 9200 Copenhaver Dr., Potomac	State MD	Zip Code 20854
Home Telephone Number (<i>Include Area Code</i>) ()		