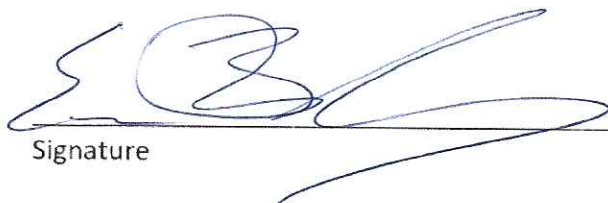


FOR OFFICIAL USE ONLY

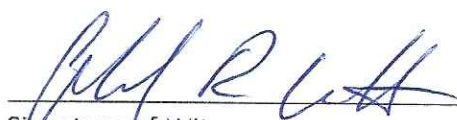
COUNTERINTELLIGENCE POLYGRAPH EXAMINATION FORM

I, Eric Borcharding understand that I will be required to undergo and successfully complete a Counterintelligence Polygraph examination periodically as a condition to attain or retain access to special program(s). Emphasis is on national security matters (espionage, sabotage and terrorism). I consent to undergo a polygraph examination voluntarily. The examination area may contain the following: listening/monitoring device (e.g., audio monitoring/listening device, two-way mirror, and camera). The examiner will provide an explanation of the polygraph instrument and review all test questions prior to the examination. I understand the examination will be recorded and/or observed.


Signature

7/8/2019
Date

500 920923
SSAN


Signature of Witness

7/8/2019
Date

GERHARD R. WITTE
Printed or Typed Name


NOTICE: The above information is protected by provisions of the PRIVACY ACT, 5 U.S.C. 522a. You are hereby advised that authority for soliciting your Social Security Account Number (SSAN) is EXECUTIVE ORDER 9397. Your SSAN is to be used to identify you precisely when it is necessary to certify that you have access to the information indicated above. Although disclosure of your SSAN is not mandatory, your failure to do so may impede certifications or determinations.

FOR OFFICIAL USE ONLY

DRUG STATEMENT

I have been informed that unlawful use of any narcotic substance, marijuana, or dangerous drug, is a basis for ineligibility for Special Security Access.


I understand that any future unlawful use of any narcotic substance, marijuana, or dangerous drug may result in removal of Special Security Access.


Signature

7/8/2019
Date


Printed or Typed Name

500 92 0923
SSAN


Signature of Witness

7/8/2019
Date

GERARD R. WITTE
Printed or Typed Name

NOTICE: The above information is protected by provisions of the PRIVACY ACT, 5 U.S.C. 522a. You are hereby advised that authority for soliciting your Social Security Account Number (SSAN) is EXECUTIVE ORDER 9397. Your SSAN is to be used to identify you precisely when it is necessary to certify that you have access to the information indicated above. Although disclosure of your SSAN is not mandatory, your failure to do so may impede certifications or determinations.

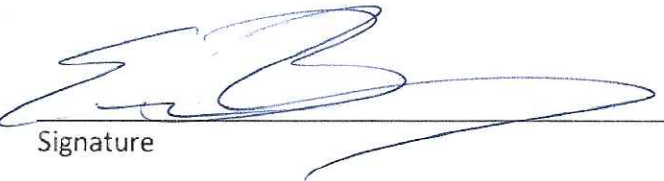
LOCKHEED MARTIN WAIVER FOR CURRENT EMPLOYEES/SUBCONTRACTORS

I understand that relative to my completion of the Personnel Evaluation Form (PEF) or the Personnel Security Questionnaire for the purpose of obtaining/maintaining a Security Clearance or Access, my answers and statements on these forms are privileged information between the United States Government and myself and need not be disclosed to my employer.

I hereby waive this privilege and authorize designated Lockheed Martin Security personnel to review any portion necessary of the PEF/Personnel Security Questionnaire for clearance submittal purposes. I understand that my PEF/Personnel Security Questionnaire will only be used for security clearance purposes and that my entries will not be seen or exposed to anyone outside the Lockheed Martin Personnel Security organization.

I certify that the entries made by me on this form (Personnel Evaluation Form/Personnel Security Questionnaire) are true, complete, and accurate to the best of my knowledge and belief and are made in good faith and voluntarily. I understand that any false answers or statements by me may disqualify me for employment with the Lockheed Martin Corporation or will be sufficient grounds for discharge from employment.

Eric Borchertling
Printed Name


Signature

7/8/2019
Date

FBI NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



Signature

Eric Zorcherding

Printed Name

7/8/2019

Date

Updated 05/10/2017 Non-substantive updates incorporated in January 2018

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

FBI Privacy Act Statement

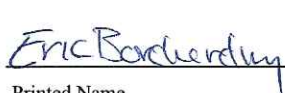


This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

		
Printed Name	Signature	Date

CONTINUATION SHEET FOR QUESTIONNAIRES
SF 85, SF 85P, AND SF 86

For use with the SF 85, Questionnaire for Non-Sensitive Positions;
SF 85P, Questionnaire for Public Trust Positions;
and SF 86, Questionnaire for National Security Positions

INSTRUCTIONS: Use this form to continue your answers to "Where You Have Lived," "Where You Went to School," and/or "Your Employment Activities." Follow the instructions on the form for the particular questions you are answering and give information in the same sequence. Use as many continuation sheets as needed.

Your Name	Your Social Security Number
Eric Borcharding	500920923

11 WHERE YOU HAVE LIVED (Continued)

#5	Month/Year	To	Month/Year	Status		Own		Military housing	Street address	Apt.#
	01/2011		07/2011			<input checked="" type="checkbox"/> Rent		Other (Explain)	365 East Maplehurst Ave	

APO/FPO address

City (Country)	Ferndale	State	mi <input checked="" type="checkbox"/>	ZIP Code	48220
----------------	----------	-------	--	----------	-------

Name of person who knows you at this address

Current address

Apt.#

APO/FPO address (if currently applicable)

City (Country)		State	<input checked="" type="checkbox"/>	ZIP Code	
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Telephone number	Alternate contact number	Relationship		Neighbor		Landlord		Other (Explain)
				Friend		Business associate		

#6	Month/Year	To	Month/Year	Status		Own		Military housing	Street address	Apt.#
	05/2010		01/2011			<input checked="" type="checkbox"/> Rent		Other (Explain)	14722 Atwater Drive	

APO/FPO address

City (Country)	Sterling Heights	State	mi <input checked="" type="checkbox"/>	ZIP Code	48313
----------------	------------------	-------	--	----------	-------

Name of person who knows you at this address

Current address

Apt.#

APO/FPO address (if currently applicable)

City (Country)		State	<input checked="" type="checkbox"/>	ZIP Code	
----------------	--	-------	-------------------------------------	----------	--

Telephone number	Alternate contact number	Relationship		Neighbor		Landlord		Other (Explain)
				Friend		Business associate		

#7	Month/Year	To	Month/Year	Status		Own		Military housing	Street address	Apt.#
	05/2008		05/2010			<input checked="" type="checkbox"/> Rent		Other (Explain)	1606 North Pine Street	

APO/FPO address

City (Country)	Rolla	State	mo <input checked="" type="checkbox"/>	ZIP Code	65401
----------------	-------	-------	--	----------	-------

Name of person who knows you at this address

Current address

Apt.#

APO/FPO address (if currently applicable)

City (Country)		State	<input checked="" type="checkbox"/>	ZIP Code	
----------------	--	-------	-------------------------------------	----------	--

Telephone number	Alternate contact number	Relationship		Neighbor		Landlord		Other (Explain)
				Friend		Business associate		

Enter your Social Security Number before going to the next page →

500 92 0923

CONTINUATION SHEET FOR QUESTIONNAIRES
SF 85, SF 85P, AND SF 86

12 WHERE YOU WENT TO SCHOOL (Continued)

#6	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/>			
Street address and City (Country) of school						State	ZIP Code
						<input type="checkbox"/>	
Name of person who knows you		Current address				Apt. #	
City (Country)		State		ZIP Code	Telephone number		
		<input type="checkbox"/>					
#7	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/>			
Street address and City (Country) of school						State	ZIP Code
						<input type="checkbox"/>	
Name of person who knows you		Current address				Apt. #	
City (Country)		State		ZIP Code	Telephone number		
		<input type="checkbox"/>					
#8	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/>			
Street address and City (Country) of school						State	ZIP Code
						<input type="checkbox"/>	
Name of person who knows you		Current address				Apt. #	
City (Country)		State		ZIP Code	Telephone number		
		<input type="checkbox"/>					
#9	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/>			
Street address and City (Country) of school						State	ZIP Code
						<input type="checkbox"/>	
Name of person who knows you		Current address				Apt. #	
City (Country)		State		ZIP Code	Telephone number		
		<input type="checkbox"/>					
#10	Month/Year	To	Month/Year	Code	Name of school	Degree/diploma received? If "Yes," identify type of degree/diploma received and date awarded.	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/>			
Street address and City (Country) of school						State	ZIP Code
						<input type="checkbox"/>	
Name of person who knows you		Current address				Apt. #	
City (Country)		State		ZIP Code	Telephone number		
		<input type="checkbox"/>					

Enter your Social Security Number before going to the next page →

500920923

**CONTINUATION SHEET FOR QUESTIONNAIRES
SF 85, SF 85P, AND SF 86**

13 EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)

#5 Dates of Employment			Type of Employment		Work hours	Full-Time	
Month/Year	To	Month/Year	Employment code	Position title/Military rank		Part-Time	
08/2008		05/2010	9 <input type="checkbox"/>	Student Teacher			X

Employer/Verifier

Name of employer/verifier		Telephone number
University of Missouri-Rolla		8005220938
Address of employer/verifier		
106 Parker Hall, West 13th Street		
City (Country)	State	ZIP Code
Rolla	mo <input type="checkbox"/>	65409

Physical Location

Your actual work address (if different from employer address)		Telephone number
City (Country)	State	ZIP Code
	<input type="checkbox"/>	

Supervisor (if different from employer)

Name and title		Telephone number
Ryan Hutcheson - Teaching Professor		5733414086
Work address of supervisor		
1215 N. Pine Street		
City (Country)	State	ZIP Code
Rolla	mo <input type="checkbox"/>	65409

Additional Periods of Activity with this Employer

Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Explanation/Reason for leaving				

#6 Dates of Employment			Type of Employment		Work hours	Full-Time	
Month/Year	To	Month/Year	Employment code	Position title/Military rank		Part-Time	
			<input type="checkbox"/>				

Employer/Verifier

Name of employer/verifier		Telephone number
Address of employer/verifier		
City (Country)	State	ZIP Code
	<input type="checkbox"/>	

Physical Location

Your actual work address (if different from employer address)		Telephone number
City (Country)	State	ZIP Code
	<input type="checkbox"/>	

Supervisor (if different from employer)

Name and title		Telephone number
Work address of supervisor		
City (Country)	State	ZIP Code
	<input type="checkbox"/>	

Enter your Social Security Number before going to the next page

500 92 0923

CONTINUATION SHEET FOR QUESTIONNAIRES
SF 85, SF 85P, AND SF 86

13 EMPLOYMENT/UNEMPLOYMENT INFORMATION (Continued)

Additional Periods of Activity with this Employer

Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Explanation/Reason for leaving				

#7 Dates of Employment

Type of Employment

Month/Year	To	Month/Year	Employment code	Position title/Military rank	Work hours	Full-Time	Part-Time
			<input checked="" type="checkbox"/>				

Employer/Verifier

Name of employer/verifier	Telephone number
Address of employer/verifier	
City (Country)	State ZIP Code
	<input checked="" type="checkbox"/>

Physical Location

Your actual work address (if different from employer address)	Telephone number
City (Country)	State ZIP Code
	<input checked="" type="checkbox"/>

Supervisor (if different from employer)

Name and title	Telephone number
Work address of supervisor	
City (Country)	State ZIP Code
	<input checked="" type="checkbox"/>

Additional Periods of Activity with this Employer

Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Month/Year	To	Month/Year	Position title	Supervisor
Explanation/Reason for leaving				


PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information averages 20 minutes, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street NW, Washington, DC 20415. Do not send your completed form to this address, send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature 	Date (mm/dd/yyyy)
---	-------------------

Enter your Social Security Number before going to the next page →

500920923

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**


28 INVOLVEMENT IN NON-CRIMINAL COURT ACTIONS				YES	NO
In the last 7 years (if an SSBI go back 10 years), have you been a party to any public record civil court action(s) not listed elsewhere on this form?					<input checked="" type="checkbox"/>
If you answered "Yes," provide the information about each public record civil court action(s) requested below.					
Month/Year	Nature of Action	Result of Action	Name of Principal Parties Involved (if more space is needed, use Continuation Space on page 17)	Court Information	
#1				Court name	
				Street address	
				City	State <input type="checkbox"/> ZIP Code
#2				Court name	
				Street address	
				City	State <input type="checkbox"/> ZIP Code
29 ASSOCIATION RECORD					
The following questions pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.					
a	Have you EVER been an officer or a member of, or made a contribution to, an organization dedicated to terrorism, and which engaged in illegal activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such illegal activities?			YES	NO
b	Have you EVER been an officer or a member of, or made a contribution to, an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in illegal activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such illegal activities?				<input checked="" type="checkbox"/>
c	Have you EVER been an officer or a member of, or made a contribution to, an organization that unlawfully advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the U.S. with the specific intent to further such unlawful activities?				<input checked="" type="checkbox"/>
d	Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force with the specific intent to incite others to unlawful action in furtherance of such aims?				<input checked="" type="checkbox"/>
e	Have you EVER knowingly engaged in any activities designed to overthrow the U.S. Government by force?				<input checked="" type="checkbox"/>
f	Have you EVER knowingly engaged in any acts of terrorism? Neither your truthful response nor information derived from your response to this question will be used as evidence against you in any subsequent criminal proceeding.				<input checked="" type="checkbox"/>
g	Have you EVER participated in militias (not including official state government militias) or paramilitary groups?				<input checked="" type="checkbox"/>
If you answered "Yes" to any of the questions above, explain below.					
CONTINUATION SPACE					
Use the continuation sheet(s) (SF 86A) for additional answers for items 11, 12, and 13. Use the space below to continue answers to all other items and to provide any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and SSN. Before each answer, identify the number of the item and try to maintain question format.					

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature 	Date (mm/dd/yyyy) 7/2/2019
---	-------------------------------

Enter your Social Security Number before going to the next page 

500920923

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in 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 individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection 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, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

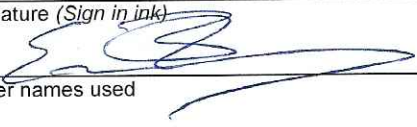
I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other 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 86, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>) 		Full name (<i>Type or print legibly</i>) Eric Borchering		Date signed (<i>mm/dd/yyyy</i>) 07/02/2019	
Other names used			Date of birth 11/20/1986	Social Security Number 500920923	
Current street address 3930 Vallejo St	Apt. #	City (<i>Country</i>) Denver	State co <input checked="" type="checkbox"/>	ZIP Code 80211	Home telephone number 7206970819

Enter your Social Security Number before going to the next page

500920923

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

UNITED STATES OF AMERICA
**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.



Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 		Full name (Type or print legibly) Eric Borcharding		Date signed (mm/dd/yyyy) 07/02/2019	
Other names used				Social Security Number 500920923	
Current street address 3930 Vallejo St	Apt. #	City (Country) Denver	State co 	ZIP Code 80211	Home telephone number 7206970819

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?

☐ Yes ☐ No

If so, describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)
-------------------------	-------------------	--------------------------

Print Form

Clear Form

Enter your Social Security Number before going to the next page

500920923

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print Name Eric Borcharding	Social Security Number 500920923
Signature (Sign in ink) 	Date signed (mm/dd/yyyy) 7/2/2019

Enter your Social Security Number before going to the next page

500920923