

## Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #9874507

### SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request #9874507. The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request #9874507 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request #9874507 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: **5f33449db6f58c339a371da9f043f38c5042ce90**

Official Archival Copy PDF Hash Code: **0a2c72550cffc44a60817121222e36d0444ad298**

Date/Time Certified in the e-QIP System: **2011-04-01 21:19:23.980**

Applicant's Social Security Number: **476-04-6515**

### 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 ( <i>Sign in ink</i> )	Date ( <i>mm/dd/yyyy</i> )

## 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> ) SAMUDRA EJAZUL HAQUE		Date Signed ( <i>mm/dd/yyyy</i> )
Other Names Used			Social Security Number
Current Address ( <i>Street, City</i> ) 6011 Mayfair Lane, Alexandria	State VA	Zip Code 22310	Home Telephone Number ( <i>Include Area Code</i> ) (      )