U.S. Department of Justice

Authorization for Release of Consumer/Credit

Dureau of Alconol,	Tobacco, Firearms and Explosi		nformation	or consumer/credit
Last Name:		First Name:	Middle Name:	Suffix:
Date of Birth:	Current Full Address:			Aliases (other names used):
Federal regulations	state that Federal employees sha	ıll satisfy all just financial obligat	tions. This includes debts imposed by	law and debts not imposed by law.
before the due		law include, but are not limited	isfied. A debt imposed by law is const to, court ordered judgments, Federal	
delinquent whe	en payment is 120 days or more		ecision to be satisfied. A debt not imposed by law include, but are not limited charge-offs.	
Alcohol, Tobacco, l	Firearms and Explosives (ATF)	to verify your compliance with	w and sign and date in the authorization. Federal regulations regarding financial date in the declination section below	al obligations. If you do not wish
	1	Individual Requirements to Co	omplete Form	
failure to authorize	this release of information may		orizing release of your consumer/cred nation about your eligibility for ATF or ar service with ATF.	
Reporting Act, 15 U	J.S.C. § 1681, employees are re	equired to provide consumer/cree	or consumer/credit reports is mandato dit documents and other materials con alt in disciplinary action and/or denial	ncerning matters of official
reports is voluntary.	However, failure to authorize this	release of information may requi	The completion of this form authorizing raire ATF to make a determination abouted the commencement or continuation	nt of your eligibility to obtain
	Autl	norization for Release of Cons	umer/Credit Information	
			copy thereof, within five years of its mployment, or service opportunities	
ATF, and may be di		ssary in the fulfillment of their o	e bearer. I understand that the inform fficial responsibilities, to the extent th	
			n or documentation, including credit and collectively), from any and all lia	
	opies as valid. This authorizati		this information and to request that the date signed or upon the termination	
Information before	I am given any further consider	ration for employment, continue	ust submit this signed Authorization f d employment, or service opportuniti g to my consumer/credit activities for	es with ATF. By signing and
Signature:	- ^	-	-	Date:
			cline to authorize the release of my consument, or service opportunities with ATF l	
oignatuic.				Date.

Privacy Act Statement

The following information is provided pursuant to Sections 3 and 7(b) of the Privacy Act of 1974 (5 U.S.C. § 552a(e)(3)):

- 1. **Authority**. Solicitation of this information is made pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681, and Executive Orders 13764 and 13467. Disclosure of this information by ATF applicants, non-ATF personnel, and/or custodians of records is voluntary.
- 2. **Purpose**. The purpose of collection is to determine the eligibility of the individual for employment, continued employment, or service opportunities with ATF.
- 3. **Routine uses**. The information will be used by ATF to make a determination as set forth in the Purpose section of this Privacy Act Statement. This information becomes a part of the permanent personnel security record of all candidates, is included in Internal Security Record System Justice/ATF-006 (68 FR 3555-6), and is subject to all of the published routine uses of that system of records. Specifically, the information may be disclosed by ATF to third parties while making a determination about the individual's fitness for employment, continued employment, or service opportunities with ATF.
- 4. **Effects of not supplying the requested information**. Failure to supply complete information may require ATF to make a determination about individual's eligibility for employment, continued employment, or service opportunities with ATF based on the information available.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collected is used by ATF to document an official request received from another agency for an ATF background investigation record. The appropriate ATF office (*Personnel Security Division*) will maintain a copy of this form. It will be used to document the authorized disclosure of the background investigation information.

The estimated average burden associated with this collection of information is 5 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Report Management Officer, Resource Management Staff, Contracts and Forms Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information that does not display a currently valid OMB control number.