



National
Aeronautics and
Space
Administration

Name Check Request

NOTE: When filled in, subject to Privacy Act of 1974. When not under continuing control and supervision of a person authorized access to this material it must be, at a minimum, maintained under locked conditions.

TO (Check and complete)

FBI-NC FBI-FP DSS OPM CIA STATE I&NS _____

NAME (Last, first, middle) _____ OTHER NAMES USED _____ SEX M F

DATE OF BIRTH _____ PLACE OF BIRTH _____ U.S. NAT. NO. _____ ALIEN REGIS. NO. _____ MILITARY SERIAL NO. _____

CITIZENSHIP _____ SOCIAL SECURITY NO. _____ FULL NAME OF SPOUSE(S), INCLUDING MAIDEN NAME(S) _____

TELEPHONE NUMBER _____ CONTRACT NUMBER _____ EXPIRATION DATE OF CONTRACT _____

NAME OF COTR _____ SIGNATURE OF COTR _____

RESIDENCES IN EXCESS OF THREE MONTHS FOR THE PAST FIVE YEARS

MONTH/YEAR	NUMBER AND STREET	CITY AND STATE

EMPLOYMENT FOR THE PAST FIVE YEARS

MONTH/YEAR	EMPLOYER	ADDRESS

REQUESTING CENTER (Check) ARC DFRC GRC GSFC HQ JSC KSC LaRC MSFC SSC

PURPOSE OF REQUEST _____

RETURN TO: _____ THIS BLOCK TO BE USED FOR AGENCY RESPONSE