Authorization for Release of Credit Information	OMB Control Number: 3133-0201

National Credit Union Administration

Office of Continuity and Security Management

Applicant Information

Name (Legal Family)	First (Legal Given)	Middle (or NMN if none)	Other Names Used	Suffix

Home Street Address *(P.O. Box not accepted)*	City	State	Zip Code

AUTHORIZATION

Purpose

Information provided by the signee will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation pursuant to the Fair Credit Reporting Act (15 U.S.C. §1681) to determine (1) suitability for Federal employment, (2) fitness to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information.

Authorization

I hereby authorize the investigative agency, any investigator, special agent, or other duly accredited representative of the National Credit Union Administration (NCUA) conducting my background investigation to obtain such reports from any consumer reporting agency for employment purposes described above.

In obtaining this information, the NCUA is in compliance with all relevant provisions of the Fair Credit Reporting Act (15 U.S.C. §1681).

I understand, that the NCUA will not take adverse action against me, based in whole or in part upon the credit report, without first providing access to a copy of the credit report or a written description of my rights as described in 15 U.S.C. §1681 and amendments or use any information from the consumer report in violation of any applicable Federal or state Equal Employment Opportunity (EEO) law or regulation.

Copies of this authorization that show my signature are as valid as the original release. 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. Photocopies of this authorization with my signature are valid.

Signature

Date Signed (mm/dd/yyyy)

Print

Reset Entire Form

INSTRUCTIONS

Use: This form, in its entirety, must be submitted for any applicant requiring access to NCUA information, systems, or facilities.

Submission: A typed document is preferred to avoid delays and incorrect information. The applicant's full legal name is required. All documentation must be submitted by the OHR representative or COR to Personnel Security at PersonnelSecurity@NCUA.gov.

Privacy Act

AUTHORITY: 5 CFR § 731 and 736; Executive Order 13467; Executive Order 12968/SEAD 4. Disclosure of the requested information is not mandatory.

PURPOSE: To assist NCUA personnel in making an informed decision regarding suitability for federal employment, fitness for contract employment, and/or granting of a security clearance.

ROUTINE USE(S): In addition to the disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, the information contained herein may specifically be used to document the outcome of adjudicative determination for the issuance of the HSPD-12 PIV card or the local agency access badge, and to document the outcome of adjudicative determinations for suitability, fitness, and/or national security clearances. Contact information is used for communication and authentication purposes. A complete list of Routine Uses is available at NCUA-1, Personnel Access and Security System (81 FR 12748).

EFFECTS OF NOT PROVIDING INFORMATION: The requested information is needed to process your claim for employment and/or access. Disclosure of your personal information is voluntary. However, failure to provide the requested information may result in ineligibility to gain or retain federal or contractor employment with the NCUA.

SORN: NCUA-1, Personnel Access and Security System (81 FR 12748), Office of Personnel Management OPM/Central-9.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3133-0201. We estimate that it will take 10 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: NCUA, Office of Continuity and Security Management,1775 Duke Street, Alexandria, VA 22314-3428.