

DELIVERY OPTIONS

FBI Identity History

Summary Request Form



Please submit this completed form along with the other required forms from the “By-Mail” forms packet.

Per FBI requirements, applications submitted from outside the U.S. cannot be accepted or processed. Results can only be picked up within the United States or its territories. Please contact the FBI if you need to apply internationally.

Check box and initial that you understand _____

* Indicates a Required Field

U.S. Citizen or Legal Permanent Resident*: Yes No

Sex*: _____ Race*: _____ Height*: _____ Weight*: _____

Hair Color*: _____ Eye Color*: _____

Social Security #: _____ - _____ - _____ Check box and initial that you understand _____

Please Note: Adding your SSN is optional, however if you want the last 4 digits of your SSN to appear on your response, we require the full SSN of the applicant. If an applicant wants the last 4 digits to appear on the response and does not want to provide the full SSN to an FBI Channeler (such as Accurate Biometrics), then they must make their background check request directly to the FBI.

Please indicate preferred method of sending your FBI report to you: (Choose just one option)

Option 1 – Web Portal Pick Up – quick response time. FBI report access – a one-time digital download from the Accurate Biometrics customer website. This service allows the applicant to retrieve/save/print their individual FBI response, usually within 24 hours, after fingerprints are either processed using live scan (electronic capture) or card scan through our office (if FBI FD-1164 card(s) are submitted). Two factor authentication is required. (“How-to” instructions will be included in a confirmation email sent when your report is available for online pick-up.) You will get an email from us once your response has been returned to us from the FBI. Online access to the FBI response report is available online for 30 days via your computer following the email notice to the applicant. Once the report is accessed or 30 days (whichever is shorter), the record is permanently deleted.

Option 2* – includes Option 1 **Plus US Mail** (First Class) to U.S. addresses only. Must complete the address area below.
____ Number of additional copies requested. **Additional copies are \$10 each** and will be added to your total processing charge.

Option 3* – includes Option 1 **Plus 2-Day Priority Service** to U.S. addresses only. Must complete the address area below.
____ Number of additional copies requested. **Additional copies are \$10 each** and will be added to your total processing charge.

“Mail Results To” Information – the “mail to” name must be the name of the applicant requesting the Identity History Summary Report or the applicant’s attorney. If response is being sent to the applicant’s attorney, the attorney must include a letter of release statement on the attorney’s letterhead and include signatures of both the applicant and the attorney.

See a sample attorney release letter here: https://accuratebiometrics.com/files/Attorney%20Release_DO_Sample.pdf

Please Note: **No PO boxes, No “In Care Of” or Third Parties are allowed in the address below.**

(The address below is only for mailing. It will not appear on the response form.)

APPLICANT SIGNATURE

PLEASE PRINT APPLICANT NAME

APPLICANT ATTORNEY NAME (IF ATTORNEY IS TO RECEIVE RESPONSE)

ADDRESS

CITY

STATE

ZIP CODE

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * *Denotes Required Fields*

*Last Name	*First Name
Middle Name 1	Middle Name 2

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

*Race (please check appropriate box): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown
*Sex (please check appropriate box): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Address

C/O	ATTN
*Address	
*City	*State
*Postal (Zip) Code	*Country
Phone Number	E-Mail

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

* **REQUESTOR SIGNATURE** _____ **DATE** _____

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.