

**INSTALLATION RECORDS CHECK RELEASE AUTHORIZATION  
CENTRAL SUITABILITY OFFICE (CSO)**

All individuals involved in the provision of child care services on a Department of Navy (DON) Installation or in a DON sanction program must complete the Installation Records Check (IRC). The IRC includes a check of the Substance Abuse Rehabilitation Program (SARP) records in the Alcohol and Drug Management Information Tracking System (ADMITS) database, a check of the Family Advocacy Program (FAP) records in the Fleet and Family Support Management Information System (FFSMIS), and an installation security/base check via the DON Consolidated Law Enforcement Operations Center (CLEOC) database or other law enforcement systems. This information will be used to determine suitability for the applicant in accordance with criteria for automatic and presumptive disqualifiers per DoDI 1402.05.

**PLEASE RETURN COMPLETED RELEASE TO THE APPROPRIATE HUMAN RESOURCES, OR PERSONNEL SECURITY REPRESENTATIVE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** DoD Instruction 1402.05, Background Checks on Individuals in DoD Child Care Services Programs and CNIC Notice 1700, Interim Policy for Child and Youth Programs Background Check Compliance and Audit Readiness; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; DoD Instruction 6060.2, Child Development Programs; DoD Instruction 6060.3, School Age Care Program; DoD Instruction 6060.4, Youth Programs; OPNAV Instruction 1700.9 series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To require each employee, contractor, family child care provider, adult family member of a family child care provider, and specified volunteers on a DON Installation or in a DON sanctioned program to undergo the IRC. When completed, records are covered by SORN NM01754-3.

**ROUTINE USES:** This release will be initiated by DON staff and will be maintained in DON offices. The DoD "Blanket Routine Uses" found at [http://dpclo.defense.gov/privacy/SORNs/blanket\\_routine\\_uses.html](http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html) may apply to these records.

**DISCLOSURE:** Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability of working with or around children.

**SECTION I. APPLICANT INFORMATION**

<b>1. NAME</b> <i>(Last, First, and Middle Name) (Do not use initials or abridgements.)</i>	<b>2. OTHER NAME(S) USED</b>
<b>3. PLACE OF BIRTH</b> <i>(City, State, Country)</i>	<b>4. DATE OF BIRTH</b> <i>(MM/DD/YYYY)</i>
<b>5. SOCIAL SECURITY NUMBER</b> <i>(Full number)</i>	<b>6. CURRENT ADDRESS</b> <i>(Street, City, State, Zip Code)</i>
<b>7. INSTALLATION</b>	<b>8. POSITION CATEGORY</b> <i>(If CDH Provider Household Member list Sponsor Name)</i>
<b>9. DOD AFFILIATION</b> <i>(Check appropriate box.)</i>  YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>10. CYMS RECORD CREATION CONFIRMED W/CYP</b> <i>(CYP POC Name)</i>   <i>(MM/DD/YYYY)</i>
<b>11. DATE OF HIRE</b> <i>(OR ESTIMATED, MM/DD/YYYY)</i>	<b>12. DATE OF CURRENT INVESTIGATION EXPIRATION</b> <i>(IF APPLICABLE, MM/DD/YYYY)</i>

**SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION**

I hereby authorize the Department of the Navy and other authorized federal agencies to obtain any information required from the Federal government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I (or my child) have resided and worked. This authorization is valid for one year from the date this release was signed or upon termination of affiliation with the Federal Government, whichever is sooner.

I authorize the release of information in any records from the Fleet and Family Support Management Information System, the Alcohol and Drug Management Information System, and Consolidated Law Enforcement Operations Center or other law enforcement systems to the Fleet & Family Readiness Personnel Office and Central Suitability Office (CSO) for consideration in the suitability determination for the provision of child care services.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment or the sanctioned provision of child care services. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the Installation Records Check (IRC). I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the IRC.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

<b>13a. PRINT NAME</b> <i>(Applicant or Parent/Legal Guardian)</i>	<b>13b. DATE</b>	<b>13b. SIGNATURE</b> <i>(Applicant or Parent/Legal Guardian)</i>
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## INSTRUCTIONS

**A. SECTION I:** This information is provided by the applicant when giving consent to the Central Suitability Office (CSO) to conduct the IRC.

- (1) Name. The last name, first name and middle name of the applicant.
- (2) Other Name(s) used. All names the individual has used (maiden names or other aliases).
- (3) Place of Birth. The city, state and country where the applicant was born.
- (4) Date of Birth. The month, date and year that the applicant was born.
- (5) Social Security Number. The social security number of the applicant.
- (6) Current Address. The street, city and state where the applicant currently resides.
- (7) Installation. The installation name where the applicant intends to work.
- (8) Position Category. The individual's position category (Employee, Contractor, Specified/Non-Specified Volunteer, CDH Provider, CDH Provider Household Member, or Summer Hire).

- (9) DoD Affiliation. Check "Yes" if individual is a current or former DoD employee, military or military family member, contracted employee for a DoD entity, volunteer worker for a DoD entity, or a family member of a current or former DoD employee. Otherwise, check "No."
- (10) CYMS Record Creation Confirmed w/CYP. The month, date and year that the record was confirmed, and first and last name of CYP POC.
- (11) Date of Hire. The month, date and year that the applicant was hired, or the estimated date of hire.
- (12) Date Current Investigation Expires. The month, date and year the individual's investigation expires, if applicable, for reverifications or reinvestigations.

**B. SECTION II:** The applicant's signature authorizes the CSO to complete the required preliminary suitability checks to determine if the applicant is suitable to perform duties under line-of-sight supervision (LOSS). Any applicant under 18 years old must have a parent or legal guardian's signature to authorize the CSO to complete the suitability checks.

- (13a) Print Name. Print full name.
- (13b) Date. Print today's date.
- (13c) Signature of Applicant, Parent, or Legal Guardian. Sign full name.