Prescribed By: DoDI 1304.02

POLICE RECORD CHECK					1. DATE OF REQUEST (YYYYMMDD)				OMB No. 0704-0007 OMB approval expires 20250531		
and maintaining the data need including suggestions for reduce should be aware that notwithst OMB control number.	r this collection of information is est ed, and completing and reviewing t ing the burden, to the Department anding any other provision of law, r OUR FORM TO THE ABOVE ORG	the collection of info of Defense, Washi no person shall be s	ormation. Send ngton Headqua subject to any p	comments inters Service benalty for fa	regarding this es, at whs.mo ailing to compl	burden estimate of calex.esd.mbx.dd-of with a collection	any other aspect dod-informationco of information if it	of this coll llections@r does not di	g data so ection of mail.mil. splay a	ources, gathering information, Respondents currently valid	
	oleted by Recruiting Service)		OKIN COMIT EL	.TED I OKW	I TO ADDICE	33 SHOWN AT BC	THOWIGH TOKW				
2. NAME OF APPLICAN	, ,	3. SEX	4. PLACE	OF BIRT	Н						
Name(s), Alias)		MALE	A. CITY			B. COUNTY		C. STATE			
		WIALE	ALE								
		FEMALE									
5. DATE OF BIRTH	6. RACE AND ETHNICITY	(Select all that				'		7. SO	CIAL	SECURITY	
(YYYYMMDD)	(1) AMERICAN INDIAN/ALAS	SKA NATIVE			۸N			NUMBER		1	
	(3) BLACK OR AFRICAN AMI	(3) BLACK OR AFRICAN AMERICAN			(4) HISPANIC OR LATINO						
	(5) MIDDLE EASTERN OR NO	ORTH AFRICAN		(6) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANI			FIC ISLANDER				
O ADDRESS IN ADDRE	(7) WHITE	00 "MAIL TO" b	look)	(8) OTH	ER		O DATES DE	SIDED A	\ T TUI	e ADDDECC	
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MA								RESIDED AT THIS ADDRESS			
A. NUMBER AND STREET (include apartment no.) B. C		B. CITY	C	C. STATE		D. ZIP CODE	A. FROM (YYYYMM	וחחו	B. TO (YYYYMMDD)		
						( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<i>DD</i> )				
10. PERSON MAKING T	HIS DECLIEST										
		B. RAN	ık	C SIGN/	TUDE		D. TITLE	:			
A. NAME (Last, First, Middle Name(s))				C. SIGNATURE			D. 111EE	•			
SECTION II - (To be com	pleted by Applicant)										
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p		PRIVACY ACT	STATEME	NT						
AUTHORITY: 10 U.S.C. Section	ons 136, 504, 505, 12102; 14 U.S.C	C. Sections 351 and	d 632; DoDI 130	04.2; DoDI 1	304.26; and E	E.O. 9397 (SSN), a	s amended.				
PRINCIPAL PURPOSE(S): The information collected on this form is used to screen and identify applicants to the Armed Forces who may have discreditable involvement with the police or other law											
enforcement agencies. Comple	eted forms are used to conduct bac al military personnel SORNs maint	ckground records ch	necks used to d	etermine eli	gibility of appl	licants for accessio	n into the Armed I	Forces. Co	mpleted	forms are	
, ,	• •	•		olow:							
DoDM 1145.02, Military Entran	e uses are found in the associated acceptosing Station (MEPS); httecruiting Prospect System; http://duiting Information Support System (uiting Information Support System Substantial Stations Support System (Substantial Stations Support System)	tps://www.esd.whs.	mil/Portals/54/I	Documents/	DD/issuances	/dodm/114502m.p	df?ver=2018-07-2	3-121425-9	917		
F036 AETC R, Air Force Recru	tecruiting Prospect System; http://ouiting Information Support System (	(AFRISS) Records;	http://dpcld.def	ense.gov/P	wide-SORN-A rivacy/SORNs	Article-View/Article/ Index/DOD-wide-S	670073/a0601-21 6ORN-Article-View	<u>uc-tradoc/</u> //Article/569	9780/f03	6-aetc-r/	
NOT 133-2, Rectuiling Enlisted	Selection System, http://dpcid.dele	ense.gov/Privacy/Sc	JKINSIIIdex/DO	D-wide-SOI	NN-ALLICIE-VIE	<u>OD-wide-SORN-A</u> w/Article/570318/n	<u>rticle-View/Article/ 01133-2/</u>	570628/m0	<u>)1133-3/</u>		
DHS/USCG-027, Recruiting Fil	les System of Records; http://www.	.gpo.gov/fdsys/pkg/	FR-2011-08-10	)/html/2011-	20225.htm						
DISCLOSURE: Voluntary. How used to conduct the police reco	vever, failure of the applicant to cor ords check and keep all records tog	mplete Section II magether during the en	listment proces	SS.		rmed Forces of the	United States. Ar	applicant's	s SSN is		
11. I HEREBY CONSENT TO RELEASE YOUR FILES FROM THE INFORMATION REQUESTED BELOW.					SIGNATURE						
SECTION III - (To be con	npleted by Police or Juvenile	Agency)									
The person described ab	ove, who claims to have res	ided at the addr							Unite	d	
	om your files the information							_			
	ANT HAVE A POLICE OR J		•	CLUDE N	IINOR TRA	FFIC VIOLATI	ONS?	YES		NO	
(If YES, what was the offense or charge, date, disposition and sentence?)											
13. IS APPLICANT NOW	V UNDERGOING COURT A	CTION OF ANY	' KIND?					YES	;	NO	
(If YES, give details.)											
THIS IS TO CERTIFY TH	AT THE ABOVE DATA, AS	CORRECTED.	, ARE TRUE	AND CC	RRECT AC	CCORDING TO	THE RECOR	D ON FIL	E IN T	HIS OFFICE.	
THIS INFORMATION IS	CONFIDENTIAL AND CAN	NOT BE USED	IN ANY OTI	HER MAN	INER EXC	EPT FOR OFFI	CIAL PURPOS	SES.			
14. DATE (YYYYMMDD)	15. TITLE			16. VERIFIED BY (Signature)							
LAW ENFORCEMENT AGENCY				RECRUITING AGENCY							
MAIL TO:				MAIL FROM:							

**DD FORM 369, APR 2019** 

Controlled by: OUSD(P&R) CUI Category: PRVCY LDC: FEDCON

POC: osd.pentagon.ousd-p-r.mbx.forms@mail.mil

Page 1 of 1