



Identification Card Office Lobby Level
 600 Fifth Street, NW
 Washington D.C. 20001
 202-962-2124 - 2123



**Authorization for Release of Personal Information
 For a Metro Contractor Identification Card**

In connection with your Application for a Metro Contractor ID Card, by signing this Release, a duly authorized agent of the Metro Transit Police Department (MTPD) will conduct a comprehensive/criminal background inquiry to determine your eligibility for access to Metro properties.

I understand that eligibility for access will be based on Metro's pre-employment Criminal Background Check criteria, and that such criminal information obtained by this inquiry, developed directly or indirectly, in whole or in part, upon this Authorization for Release, will be considered in determining suitability as a contractor employee for Metro.

I hereby authorize WMATA to conduct a comprehensive criminal background check concerning myself, by a duly authorized agent of the Metro Transit Police Department (MTPD), whether the said records are of a public, private, or confidential nature.

In order to complete this process, you must appear in person and provide an original, valid, government or state issued, photo ID card.

Failure to sign this form and provide appropriate identification will prohibit the issuance of a Metro Contractor ID Card, and preclude your entry onto Metro property. Similarly, an unsatisfactory background check will also preclude entry onto Metro property. Any information provided by you in this Authorization for Release form that is found to be untrue is cause for your immediate termination as a Metro contractor.

Have you resided in a foreign country within the past 10 years? Yes* _____ No _____

*If yes, give the last known country: _____ city/province: _____
 and complete form DOJ-361.

Original Signature of Contractor Employee: _____

Print Name: _____

Home Address: _____

Social Security Number: _____ Date of Birth: _____ Race: _____

Company Name: _____

Company Telephone No.: _____

For WMATA official use only

[] Approved [] Denied

Signature of MTPD Officer _____

Date: _____

Badge No. _____



Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, U.S. Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester¹ _____

Citizenship Status² _____ Social Security Number³ _____

Current Address _____

Date of Birth _____ Place of Birth _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature⁴ _____ Date _____

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Print or Type Name

¹ Name of individual who is the subject of the record sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.

THIS INFORMATION IS TO BE INCLUDED WITH DOJ FORM-361

SUBJECT'S FULL NAME: _____

Also known as: _____

Date of Birth: _____ Country of Origin: _____

Place of Birth: _____

Mother's Full Maiden Name: _____

Father's Name: _____

Last Known Address in Foreign Country: _____

Dates of Residence in foreign Country: _____

Passport Number and Country of Issuance: _____