

MEMORANDUM FOR ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL CENTER (ADAPCP).

SUBJECT: Request for Background Check

1. Reference DODI 1402.5, Subject: Criminal History Background Checks on Individuals in Child Care Services, dated 19 Jan 93

2. IAW above reference, request the following DoDDS employee's records(s) be screened in your office. At a minimum, records check include a review for prior instances of misconduct involving children, assaultive behavior, substance abuse, larceny and related misconduct. The signed authorization for Release of information is in the employee's personnel file.

Name: \_\_\_\_\_  
AKA: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Place of Birth : \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

3. POC for the above is

CAKIL E. ATAKAN  
Ankara ES/HS Personnel Assistant

- No Derogatory Information
- Derogatory Information as follows

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

MEMORANDUM FOR CRIMINAL INVESTIGATION DIVISION

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

**UNITED STATES OF AMERICA**  
**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in black ink.

**Instructions for Completing this Release**

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

\_\_\_\_\_  
(Investigator instructed to write in position title.)

As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State	ZIP Code
		Home Telephone Number (Include Area Code) ( )

DODDS CONDITION OF EMPLOYMENT  
INSTALLATION RECORDS CHECK NOTIFICATION

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Reference: DODI 1402.5, Subject: Criminal History Background Checks on Individuals in Child Care Services, dated 19 JAN 93

Subject: Local Records Check for \_\_\_\_\_

(Full Name and Social Security Number)

In accordance with the reference, this office must obtain installation record checks (IRC) for newly hired employees responsible for a child or with access to children on a frequent basis with the Department of Defense Dependent Schools in foreign countries (i.e. Germany). This record check must include:

Local Military Police Records Check (base and/or military police, security office, criminal investigators, or local law enforcement).

Alcohol/Drug Abuse Check

Service Central Registry Check (Medical Treatment Facility for Family Advocacy Program)

A Condition of Employment shall be a notification of the employer's obligation to require a record check. The employee has a right to obtain a copy of the criminal history report made available to the Department of Defense Dependent Schools. The employee has a right to challenge the accuracy and completeness of any information contained in the report. No staff shall be hired without an IRC having been completed.

**You must answer the following question: "HAVE YOU EVER BEEN ARRESTED FOR OR CHARGED WITH A CRIME INVOLVING A CHILD?"**  Yes  No

If **YES**, a description is required of the disposition of the arrest or charge, (write description on the back of this notification.)

"I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. " (28 USC 1746). This application is being signed under penalty of perjury; the punishment for perjury is to be fined, imprisoned not more than five years, or both. (18 USC 1621).

\_\_\_\_\_  
Applicant's Signature (please sign in ink)

\_\_\_\_\_  
Date Signed (please sign in ink)