

IDENTITY HISTORY SUMMARY REQUEST FORM

* 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="radio"/> Yes <input type="radio"/> No (please check appropriate box)
*Country of Citizenship	Country of Residence	Prisoner Number (if applicable)
*Last Four Digits of Social Security Number		Include Full Social Security Number on FD-258 Card

*Race (please check appropriate box)

☐ Asian ☐ Black ☐ Caucasian ☐ Native American ☐ Unknown

*Sex (please check appropriate box)

☐ Male ☐ Female

c/o (care of)	Attention
*Address	
*City	*State
*Postal (Zip) Code	*Country
Phone Number	E-Mail

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.

* Signature_____Date_____

Signature of person whose identity history is being requested

Mail this signed Identity History Summary Request Form and original FD-258 fingerprint card to the following address:

Florida Document Specialists

Attn: FBI Channeling

435 S. Ridgewood Avenue - Suite 123

Daytona Beach, FL 32114 US

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.