This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. **Note:** ***The EPSQ is for internal DOD use only, and is pending OMB approval.***

Agency Use Information

A Type of Investigation		B Extra Coverage		C Sensitivity Level		D Access		E Nature of Action Code		F Date of Action	Month Day Year

G Geographic Location	H Position Code		I Position Title

J SON		K Location of Official Personnel Folder		None / NPRC / At SON	Other Address	Zip Code

L SOI		M Location of Security Folder		None / At SOI / NPI	Other Address	Zip Code

N OPAC-ALC Number		O Accounting Data and/or Agency Case Number	

P Requesting Official	Name and Title	Signature	Telephone Number ( )	Date

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign the attached sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME

* If you have only initials in your name, use them and state (IO)
* If you are a "JR., "SR", "II", etc., enter this in the box after your middle name
* If you have no middle name, enter "NMN"

Last Name	First Name	Middle Name	Jr., II, etc.

Maiden Name Used

List your maiden name and the "To and From" dates of when it was used..

Maiden Name	Month/Year Month/Year To

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information below for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year #1 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (County) of School			State	Zip Code
Month/Year #2 To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: | Date:

Attachment 5
June 1999