

REQUEST FOR OPM RECORDS

OPM-FOIPA
P.O. Box 618
Boyers, PA 16018
FAX 724-794-4590

Under provisions of the Privacy Act, I am requesting a copy of my most recent investigation completed by your agency.

I am providing the following information to facilitate this request:

Identifying Information:

Full Name

Other Names Used

SSN

Rank Branch of Service

Place of Birth DOB

Investigation Type

Investigation Closed Date

Please mail my file to:

Signature

Date

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