

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 OPM approval.

Agency Use Form Submitting commands complete Items A through P using instructions provided by your service/organization											
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 Geographical Location				H Position Code		I Position Title					
J SON		K Location of Official Personnel Folder			None	Other Address				Zip Code	
					NPRC						
					At SON						
L SOI		M Location of Security Folder			None	Other Address				Zip Code	
					At SOI						
					NPI						
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 and date this sheet certifying accuracy of the information you provide.

Subject of Investigation (Identifying Information)

FULL NAME			
* If you have only initials in your name, use them and state (IO)		* If you have 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" of when it was used			
Maiden Name		Month/Year From:	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.

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