

Special Operations Support Team

Background Check Information Sheet

Last Name: _____

First Name: _____

MI: _____

DOB: _____ Race: _____ SEX: _____

Social Security Number*: _____

Drivers License Number: _____

Previous Last Name: _____

* This information is confidential, confidential information is protected by the federal right to privacy act.

The **PRIMARY** preferred method of contact for meetings and other Team communication is:

E-mail phone mail fax other

Please legibly provide the corresponding number or address below:
