

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**LOCAL RECORDS CHECK**

Personnel Security and Suitability Program COMDTINST M5520.12C requires that a Local Records Check be completed prior to granting a member access to classified material. Your PDR, Medical, and Training records will be reviewed for derogatory information. In some instances a members PDR or Medical records may not be readily available for review which slows down the process of granting a member access to the materials required to fulfill his/her assigned duties. In order to expedite the process, you are requested to answer the questions below. If you decide not to answer these questions, your access will not be granted until the Local Records Check is completed. If further information becomes available that conflicts with your answers your access to classified material may be affected.

Name ( <i>Last, First MI</i> )	Rank/Rate	EMPLID	Duty Location

Gaining CSO	Duty Location

Date of Last Investigation		Type of Investigation	

**SINCE YOUR LAST INVESTIGATION:**

**ILLEGAL USE OF DRUGS OR DRUG ACTIVITY**

Have you illegally used, purchased, or handled any controlled substance?	YES	NO
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If yes, provide additional information:

**USE OF ALCOHOL**

Has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?	YES	NO
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If yes, provide additional information:

<b>POLICE RECORD</b>		
Have you been arrested for, charged with, or convicted of any criminal offense? <i>(Include those under the UCMJ)</i>	YES	NO
If yes, provide additional information:		
<b>FINANCIAL RECORD</b>		
Are you currently over 90 days delinquent on any debt(s)?	YES	NO
If yes, provide an explanation:		
<b>MENTAL AND EMOTIONAL HEALTH</b>		
Have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? <i>(Answer "No" if the counseling was for any of the following reason and was not court-ordered: a. strictly marital, family, grief not related to violence by you; or b. strictly related to adjustments from service in a military combat environment.)</i>	YES	NO
If yes, provide an explanation:		
The statements on this form are true, complete, and correct to the best of my knowledge.		
PRINTED NAME	SIGNATURE	DATE
<b>PRIVACY ACT STATEMENT</b>		
<b>Authority:</b> Executive Order 10450; Executive Order 12968; and 5 CFR Parts 731, 732, and 736.		
<b>Purpose:</b> To maintain records of personnel security clearance actions, to record suitability and security determinations, and to verify eligibility for access to classified information or assignment to a sensitive position.		
<b>Routine Use:</b> The CG will use this information to conduct personnel security investigations and may disclose this information to other U.S. Government agencies or authorized officials in accordance with the routine uses found at 75 Fed. Reg. 8088 (February 23, 2010).		
<b>Disclosure:</b> Disclosure of information is voluntary; however, failure to furnish the information requested may delay or deny access to national security information necessary for the performance of your duties.		