

IDENTITY THEFT CLEAN/NCIC ENTRY WORKSHEET

TYPE OF ENTRY: <input type="checkbox"/> EID-ENTER IDENTITY THEFT <input type="checkbox"/> EIDC-ENTER IDENTITY THEFT CAUTION			
AGENCY NAME: Upper Gwynedd Township Police Dept.		OFFICER NAME:	
AGENCY ORI: PA-0462800	INCIDENT #:	DATE OF REPORT:	
VICTIM INFORMATION:			
NAME:		SEX:	RACE:
PLACE OF BIRTH:		DATE OF BIRTH:	
HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
FBI NUMBER:		FINGERPRINT CLASSIFICATION:	
MISCELLANEOUS NUMBER:		SOCIAL SECURITY NUMBER:	
SCARS, MARKS, TATOOS, AND OTHER CHARACTERISTICS:			
MISCELLANEOUS INFORMATION:			
DATE OF PURGE:	NOTIFY ORIGINATING AGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO		
PASSWORD (1-8 characters):			
IDENTITY THEFT TYPE (IDT):			
<input type="checkbox"/> CFRD – CREDIT CARD	<input type="checkbox"/> ACCT – CHECKING OR SAVINGS ACCOUNT	<input type="checkbox"/> LOAN – LOAN	
<input type="checkbox"/> UTIL – PHONE OR UTILITIES	<input type="checkbox"/> INVT – SECURITIES OR OTHER INVESTMENTS		
<input type="checkbox"/> NETT – INTERNET OR EMAIL	<input type="checkbox"/> GOVT – GOVERNMENT DOCUMENTS OR BENEFITS		
<input type="checkbox"/> OTHR- ALL OTHERS THAT DO NOT FALL INTO ANOTHER CATEGORY			

IDENTITY THEFT FILE CONSENT DOCUMENT

By signing this document, I hereby provide the Upper Gwynedd Township Police permission to enter my personal data into the Federal Bureau of Investigation's Identity Theft File. This information may include, but is not limited to, physical descriptors and identifying information including my name, date of birth, social security number, the type of identity theft, and a password provided to me for future identification verification purposes. I am also providing permission to enter my photograph and fingerprints into this file when that capability becomes available.

I understand that this information is being submitted as part of a criminal investigation in which I was a victim and will be available to entities having access to the Federal Bureau of Investigation's National Crime Information Center (NCIC) files for any authorized purpose. I am providing this data voluntarily as a means to memorialize my claim of identity theft and to obtain a unique password to be used for future identity verification purposes.

I understand that the FBI intends to remove this information from the NCIC active file no later than five years from the date of entry. I also understand that I may at any time submit a written request to the entering agency to have this information removed from the active file at an earlier date. I further understand that information removed from the active file will not thereafter be accessible via NCIC terminals, but it will be retained by the FBI as a record of the NCIC entry until such time as its deletion may be authorized by the National Archives and Records Administration (NARA).

I understand that this is a legally binding document reflecting my intent to have personal data entered into the FBI's Identity Theft File. I declare under penalty of perjury that the foregoing is true and correct. (See 28 U.S.C. 1746)

SIGNATURE

DATE

PRINTED NAME

The Privacy Act of 1974 (5 United States Code 552a) requires that local, state, or federal agencies inform individuals whose social security number is being requested whether such disclosure is mandatory or voluntary, the basis of authority for such solicitation, and the uses which will be made of it. Accordingly, disclosure of your social security number is voluntary; it is being requested pursuant to 28 U.S.C. 534 for the purposes described above. The social security number will be used as an identification tool; consequently, failure to provide the number may result in a reduced ability to make such identifications or provide future identity verifications.