



**PRIVACY ACT STATEMENT***Use reverse if necessary, numbering blocks in order.*

PRIVACY ACT IDENTIFICATION (Form Number)

**FD 258 (PAS)****INSTRUCTIONS**

1. Navy originator or sponsor; complete blocks 1 through 7 and, as required forward to the appropriate command or headquarters legal department for review.
2. Navy legal, complete blocks 8 and 9 as required, and return.
3. Completion of item 10 is optional.

1. DOCUMENT TITLE OR OTHER IDENTIFICATION (*Prefix, symbol, revision date, etc.*)

FD 258, Fingerprint Card

2. AUTHORITY (*State, Executive Order, et.*)

Executive Order 12356, DOD Directive 5200.2-R, DN Information and Personnel Security Program Regulation (OPNAVINST 5510.1)

3. PRINCIPAL PURPOSE(S)

Such a determination of eligibility, referred to as a security clearance, will be based upon a systematized detailed examination or inquiry to uncover facts relating to your loyalty to the United States as well as to your integrity, discretion, moral character, and past criminal record, if any.

4. ROUTINE USES

The information provided by you will become a permanent part of your investigative record. The information provided will not be divulged without your written authorization to anyone, other than those duly authorized to collect, process, report, store, record, analyze, or evaluate the results of the examination or inquiry.

5. IS THE DISCLOSURE MANDATORY OR VOLUNTARY, AND WHAT HAPPENS TO THE PERSON NOT PROVIDING INFORMATION?

You are not required to provide this information; however failure to answer all questions, or any misrepresentation (by omission or concealment, or by misleading, false, or partial answers) may serve as a basis for denial of clearance for access to information classified in the national interest pursuant to E.O. 12356.

6. ORIGINATOR (*Code, Address*)

7. NAME & TELEPHONE NO. OF PERSON PREPARING PRIVACY ACT STATEMENT

DATE PREPARED

**OPTIONAL****VALIDATION OF AUTHORITY STATEMENT (BLOCK 2)****OPTIONAL**

8. STATUTORY AUTHORITY CITED CORRECTLY? (*If not, correct citation*)

9. NAME, TITLE & ACTIVITY OF VALIDATING OFFICIAL

DATE

**OPTIONAL****DISCLOSURE ACKNOWLEDGEMENT****OPTIONAL**

10.
 

DATE	NAME ( <i>Please print</i> )	SIGNATURE
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