

LOCAL RECORDS CHECK
MCCDC 5511/16 (05-06) FPP 33571

Date _____

NAME (Last, First, Middle)	Social Security No.	Rank/MOS
Command/Unit		Date of Birth
Place of Birth (City, County, State)	Citizenship	Date Naturalized
Marital Status	Name of Spouse	Citizenship of Spouse

1. Medical Officer/Commanding Officer/Other – **DO NOT** summarize adverse/derogatory information on this form. All such information should be submitted to the Commander, MCB, Quantico (B 054) Attn: Security Manager by separate correspondence.

2. **MEDICAL OFFICER.** Review the individual’s medical records. Check the appropriate box, sign the form and return to the Commanding Officer/Director of the Organization shown above.

- a. No adverse/derogatory information.
- b. Adverse/derogatory information. Date Forwarded _____
- c. Temporary medical record checked with no adverse/derogatory information Adverse/ derogatory information revealed in record. (In remarks indicate circumstances surrounding loss/nonavailability of original record.)
Remarks:
- d. No record on file.

Signature _____

3. **COMMANDING OFFICER/DIRECTOR, CIVILIAN PERSONNEL.** Complete the above clearance information after reviewing available records i.e., OQR/SRB/UPB/DONHR East CSU Website and other locally available records/**Databases**). Check appropriate box and forward with request for access to Commander, (B 054) Attn: Security Manager.

- a. No adverse/derogatory information.
- b. Adverse/derogatory information. Date Forwarded _____.

Signature _____

4. **POLICE RECORDS CENTRAL FILES:** (Military Police records check.)

- a. No adverse/derogatory information.
- b. Adverse/derogatory information. Date Forwarded _____.

Signature _____

5. **CSAC:** (To be completed by Battalion SACO)

- a. No adverse/derogatory information.
- b. Adverse/derogatory information. Date forwarded _____.
- c. No record on file.

Signature _____

6. **Dual Citizenship / Foreign Passport:**

- a. I am ___ / am not ___ a citizen of a country **other than** the United States. (check one)
- b. I do ___ / do not ___ have a passport from a country **other than** the United States. (check one)

Signature _____