

California Department of Justice
CALIFORNIA JUSTICE
INFORMATION SERVICES DIVISION
Veronica Gilliard, Chief/CIO



INFORMATION BULLETIN

Subject:

Disclosure of Criminal History Record Information to
Federal Agencies Conducting Background
Investigations

No.

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Date:

06-08-2026

Contact for information:

CLETS Administration Unit (CAS)
cas@doj.ca.gov

TO: ALL LAW ENFORCEMENT AND CRIMINAL JUSTICE AGENCIES

This Information Bulletin (“Bulletin”) clarifies state and local criminal justice agencies’ obligations under long-standing federal law to provide criminal history record information to certain federal agencies. This Bulletin supersedes the California Law Enforcement Telecommunications System (“CLETS”) message issued on December 14, 2007, titled “Office of Personnel Management Background Investigations.”

Federal law, first enacted in 1985 and last amended in 2015, Title 5 United States Code section 9101, provides: “Upon request by a covered agency, criminal justice agencies shall make available all criminal history record information regarding individuals under investigation by that covered agency” when that individual has provided written consent to such access. (5 U.S.C. § 9101 (b), (c).) Section 9101, subsection (a) defines “criminal justice agency,” “criminal history record information,” and “covered agencies” as follows:

- “Criminal justice agency” means “(A) any Federal, State, or local court, and (B) any Federal, State, or local agency, or any subunit thereof, which performs the administration of criminal justice pursuant to a statute or Executive order, and which allocates a substantial part of its annual budget to the administration of criminal justice.”
- “Criminal history record information” means “information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, indictments, informations, or other formal criminal charges, and any disposition arising therefrom, sentencing, correction supervision, and release. The term does not include identification information such as fingerprint records to the extent that such information does not indicate involvement of the individual in the criminal justice system. The term includes those records of a State or locality sealed pursuant to law if such records are accessible by State and local criminal justice agencies for the purpose of conducting background checks.” (5 U.S.C. § 9101 (a)(2).) This includes criminal offender record information and criminal history information as referenced in Penal Code sections 11105, 11075, 13300, and 13102.¹
- “Covered agencies” includes:
 - The Department of Defense,
 - The Department of State,
 - The Department of Transportation,
 - The Office of Personnel Management,
 - The Central Intelligence Agency,

¹ Complying with 5 U.S.C. § 9101 by providing covered federal agencies with criminal history record information for purposes of background investigations does not violate California’s Values Act (Senate Bill 54, codified at Gov. Code, §§ 7284, 7284.2, 7284.4, 7284.6, 7284.10, and 7284.12), the Transparency and Responsibility Using State Tools (TRUST) Act (Gov. Code, §§ 7282 and 7282.5), or the Transparent Review of Unjust Transfers and Holds (TRUTH) Act, (Gov. Code §§ 7283, 7283.1, 7283.2) because, among other reasons, the information is not being provided for immigration enforcement purposes.

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- The Federal Bureau of Investigation,
- The Department of Homeland Security,
- The Office of the Director of National Intelligence,
- Federal executive agencies that are authorized to conduct background investigations under a federal statute or that are delegated authority to conduct background investigations, and
- Contractors that conduct background investigations for any of these federal agencies. (5 U.S.C. § 9101(a)(6).)

The Defense Counterintelligence Security Agency (“DCSA”) is the successor agency to, and performs background investigations previously handled by, the Office of Personnel Management’s Federal Investigative Services Division. DCSA is a component of the United States Department of Defense and thus constitutes a “covered agency” under 5 U.S.C. § 9101 that is authorized to receive criminal history record information when conducting background investigations. Accordingly, state and local criminal justice agencies are required to provide criminal history record information to DCSA when such information is properly requested by DCSA in compliance with section 9101’s requirements.

When submitting a request for criminal history record information for the purpose of conducting a background check investigation, DCSA will submit its request with either of the following two forms, which indicate that the individual has consented to providing their criminal history record information to DCSA:

- Standard Form 85P: Questionnaire for Public Trust Positions, attached as **Appendix A**
- Standard Form 86: Questionnaire for National Security Positions, attached as **Appendix B**

If a local or state criminal justice agency receives a request for criminal history record information from the DCSA or a sub-contractor purporting to work for the DCSA, it may verify such requests by either: (1) calling (878) 274-1186, Monday – Friday, 7:00 am – 4:00 pm Eastern Time, or (2) emailing Dcsa.boyers.bi.mbx.investigator-verifications@mail.mil.

For questions about this bulletin, law enforcement and criminal justice agencies and covered agency representatives may contact CLETS Administration Unit (CAS) at cas@doj.ca.gov.

Sincerely,



VERONICA GILLIARD, Chief/CIO
California Justice Information Services Division

For ROB BONTA
Attorney General

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities, conduct and character from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, or reinvestigation, or performing continuous vetting, to disclose the record of investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a public trust position.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, and the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a public trust position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved suitability-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization is valid for five(5) years from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)		Full name (<i>Type or print legibly</i>)			Date signed (<i>mm/dd/yyyy</i>)
Other names used				Date of birth	Social Security Number
Current street address Apt. #	City (<i>Country</i>)	State	ZIP Code	Telephone number	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (<i>Sign in ink</i>)		Full name (<i>Type or print legibly</i>)		Date signed (<i>mm/dd/yyyy</i>)
Other names used			Date of birth	Social Security Number
Current street address Apt. #	City (<i>Country</i>)	State	ZIP Code	Telephone number