



Instructions for Completing Forms 2811 and 2812

The Fair Credit Reporting Act Authorization (**Form 2811**), and the Authorization for Release of Information (**Form 2812**) are required when applying for a TSO position with TSA. After passing the computerized Screener Assessment Battery, you will be extended a contingent offer and required to submit these credit forms. The forms will be used to conduct a preliminary evaluation of your credit and criminal history. These forms must be filled out completely and correctly so processing of your application is not delayed. Please use only **black ink** when completing these forms.

Once you have completed, signed and dated these forms, they must be mailed or faxed to the TSA HRAccess Shared Service Center. Faxing your forms will allow us to process them quicker than if mailed.

Mailing Address to TSA HRAccess Shared Service Center:

TSA HRAccess Shared Service Center
Attn: TSO Recruiting and Hiring Service Center
2650 Park Tower Drive, Suite 201
Vienna, VA 22180-7300

To Submit 2811/2812 forms to the TSA HRAccess Shared Service Center, fax to: 703-573-0174

This is a dedicated fax number for completed 2811 & 2812 forms only.

****Any other documents or forms should be faxed to 1-877-TSA-7993 (1-877-872-7993).****

If you have questions about completing the forms, please contact:

TSA HRAccess Help Desk:

1-877-TSA-7990 (1-877-872-7990)

TTY:

1-877-TSA-7992 (1-877-872-7992)

Help Desk Hours:

Monday – Friday 7:00 a.m. – 8:00 p.m. ET
Saturday 10:00 a.m. – 3:00 p.m. ET
Sunday 12:00 p.m. – 4:00 p.m. ET (recruitment calls only)

Email:

Helpdesk@tsa-hraccess.com

Website:

<https://HRAccess.tsa.dhs.gov>



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Please read the instructions below before completing Form 2811, the Fair Credit Reporting Act Authorization Form. Please use only **black ink** when completing these forms.

Full Name		Mother's Maiden Name	
Social Security Number - -	Are you a U.S. Citizen? Yes No	Permanent Resident Number (if applicable)	
Date of Birth (mm/dd/yyyy) / /	Place of Birth (City/State)	County of Birth (if born in the U.S.)	
Current Address	City	State	Zip
<i>If at current address less than 2 years, please enter former address.</i>			
Former Address	City	State	Zip
Signature (sign in ink)		Date Signed (mm/dd/yyyy) / /	

Full first, middle and last name go here.

Your mother's maiden name.

Include City and State of birth **or** City and Country of birth if born outside the U.S.

Include County of birth **if** you were born in the U.S.

Example of mm/dd/yyyy: 12/14/1980 for December 14, 1980.

Include your former address **only if** you have lived at your current address for less than 2 years. DO NOT include a P.O. Box. It must be a residence.

THE FOLLOWING ARE REQUIRED FIELDS THAT MUST BE COMPLETED:

- **Full Name** - Include your first name, middle name, and last name. If you do not have a middle name write "NMN" for "no middle name." Or if your middle name is an initial only, write "(IO)" for "initial only."
- **Mother's Maiden Name** - Please do not skip this box
- **Social Security Number**
- **U.S. Citizenship**
- **Date of Birth**
- **Place of Birth** - provide City/State if born in the U.S. or City/Country if born outside the U.S.
- **Current Address**
- **City, State, Zip**
- **Signature**
- **Date Signed**

THE FOLLOWING ARE FIELDS THAT MUST BE COMPLETED IF THESE CONDITIONS APPLY:

- **County of Birth** is a required field **if** you were born in the U.S.
- **Former Address** is to be completed **only if** you have been living at your current address for less than two years.



Please read the instructions below before completing Form 2812, the *Authorization for Release of Information*. Please use only **black ink** when completing these forms.

Full Name	Other Names Used			Social Security Number
				- -
Current Address	City	State	Zip	Contact Number
				() -
Signature (<i>sign in ink</i>)				Date Signed (<i>mm/dd/yyyy</i>)
				/ /

Full first, middle and last name go here.

Provide other names used **if** you have ever used any other names, such as a nickname or a maiden name.

Be sure to sign the form in ink.

Include a phone number where you can be reached.

Example of mm/dd/yyyy: 12/14 /1980 for December 14, 1980.

THE FOLLOWING ARE REQUIRED FIELDS THAT MUST BE COMPLETED:

- **Full Name** - Include your first name, middle name, and last name. If you do not have a middle name write "NMN" for "no middle name." Or if your middle name is an initial only, write "(IO)" for "initial only."
- **Social Security Number**
- **Current Address**
- **City, State, Zip**
- **Signature**
- **Date Signed**

THE FOLLOWING ARE FIELDS THAT MUST BE COMPLETED IF THESE CONDITIONS APPLY:

- **Other Names Used** is required **if** you use or have used any other names such as nicknames or maiden names.



Transportation Security Administration

DHS - Transportation Security Administration Transportation Security Officer Application Form

Fair Credit Reporting Act Authorization

INSTRUCTIONS: Carefully read this authorization to release information about you, then type or print legibly and complete all applicable sections. Return original completed form to TSA Office of Security, Personnel Security Division.

Information provided by you on this form will be furnished to a consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be disclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that the law permits such disclosure.

I hereby authorize TSA to obtain such report(s) from any consumer reporting agency for employment purposes.

Full Name		Mother's Maiden Name	
Social Security Number	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident Number (if applicable)	
Date of Birth (mm/dd/yyyy)	Place of Birth (City/State)	County of Birth (if born in the U.S.)	
Current Address	City	State	Zip
<i>If at current address less than 2 years, please enter former address.</i>			
Former Address	City	State	Zip
Signature (sign in ink)		Date Signed (mm/dd/yyyy)	

Note: Please take notice that one or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C., § , et seq. Should a decision to take any adverse action against you be made based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the agency's decision to take such adverse action.

PRIVACY ACT STATEMENT: Authority: 49 U.S.C. § 114 (n); 15 U.S.C. § 1681b; E.O. 9397. **Principal Purpose(s):** To obtain a copy of your credit report in order to determine your suitability for employment in the position for which you are being considered. **Routine Use(s):** This information will be shared with consumer reporting agencies for the purpose of obtaining your credit report, or for routine uses listed in the applicable system of records notice. **Disclosure:** Disclosure of the requested information is voluntary in the sense that no criminal penalties will follow from a failure to provide the information. However, failure to provide the requested information may affect your employment prospects, eligibility for continued employment, ability to obtain a security clearance, or ability to work on a government contract. Disclosure of your SSN is also voluntary, but failure to provide your SSN may result in a delay in determining your suitability for employment.



Transportation Security Administration

DHS - Transportation Security Administration Transportation Security Officer Application Form

Authorization for Release of Information

INSTRUCTIONS: Carefully read this authorization to release information about you, then type or print legibly and complete all applicable sections. Return original completed form to TSA Office of Security, Personnel Security Division.

I authorize the Transportation Security Administration (TSA), through its employees, agents, or contractors, to obtain any information relating to my activities from criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, or other relevant sources of information. This information may include, but is not limited to, any criminal history record information, and financial and credit information.

I understand that the purpose of this authorization is to permit TSA to conduct a background investigation for the purpose of making a determination of suitability or eligibility for employment and/or a security clearance, or for work on a Government contract. I authorize the custodians of records and other sources of information pertaining to me to release such information upon request of TSA, regardless of any previous agreement to the contrary. I understand that the information released by custodians of records and other sources of information is for official use by the Federal Government only for the purposes stated above. This information may be re-disclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Full Name	Other Names Used			Social Security Number
Current Address	City	State	Zip	Contact Number
Signature <i>(sign in ink)</i>				Date Signed <i>(mm/dd/yyyy)</i>

PRIVACY ACT STATEMENT: Authority: 49 U.S.C. § 114 (n); E.O. 9397. **Principal Purpose(s):** To establish that applicants and incumbents either employed by TSA or working under contract are suitable for the job and/or eligible for a public trust or sensitive position, and/or a security clearance. **Routine Use(s):** This information may be shared with to any potential source from which information is requested in the course of this background investigation to the extent necessary to identify you, inform the source of the nature and purpose of the investigation, and to identify the type of information, or for routine uses listed in the applicable system of records notice. **Disclosure:** Disclosure of the requested information is voluntary in the sense that no criminal penalties will follow from a failure to provide the information. However, failure to provide the requested information may affect your employment prospects, eligibility for continued employment, ability to obtain a security clearance, or ability to work on a government contract. Disclosure of your SSN is also voluntary, but failure to provide your SSN may result in a delay in determining your suitability for employment.