



Drug Enforcement Administration
El Paso Division
Albuquerque District Office
Citizen's Academy #6

Drug Enforcement Administration
El Paso Division
Albuquerque, NM
Citizen's Academy Application
(Please print clearly)

* = Required

*Name _____

*Address _____

*Phone Number _____

*SS# _____ *DOB _____

*E-Mail _____

*Current Employment and Position _____

*Description of duties _____

*Address of Employment _____

*If known current security clearance _____

Sponsored by (Name/number if applicable) _____

*Do you know any DEA employees? If so, please provide the name and your relationship to them.

Direct any questions to and submit applications electronically to:

COS Michelle Rincon
Michelle.Rincon@dea.gov

915-479-2540

PRIVACY ACT STATEMENT

PURPOSE: The Drug Enforcement Administration (DEA) is requesting this information as part of the registration process for you to attend the Citizen's Academy and for authorizing your physical access to U.S. Government facilities to attend the Academy. In particular, your Social Security Number (SSN) is needed to conclusively identify the applicability of records unique to you.

AUTHORITY: The DEA is authorized to ask for this information by 5 U.S.C. §§ 301, 9101, 40 U.S.C. §§ 1315, 1315; 44 U.S.C. § 3101, 6 CFR Part 139; 41 CFR 102-74.375, and Executive Order (E.O.) E.O. 13467, as amended by E.O. 13869. The authority for soliciting and verifying your SSN is E.O. 9397, as amended by E.O. 13478.

ROUTINE USES: Information reported on this form may be provided to other federal agencies and state and local law enforcement agencies as is necessary to conduct a security background check.

A list of other "routine uses" that may be made of this information can be found in the System, DOJ-011, Access Control System (ACS), 69 Fed. Reg. 70279 (Dec. 3, 2004), as amended,

VOLUNTARINESS AND EFFECT: Disclosure of your personal information and SSN is voluntary, but failure to provide this information may preclude your attendance at the Citizen's Academy.