

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary, however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 5 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name LAHAM *First Name MICHAEL
Middle Name 1 STEVEN Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: LONG BEACH, CA USA U.S. Citizen or Legal Permanent Resident:
Yes No

*Country of Citizenship: UNITED STATES OF AMERICA (USA) Country of Residence: ISRAEL Prisoner Number (if applicable): _____
*Last Four Digits of Social Security Number: _____

*Height: 5' 10" *Weight: 165 LBS.

*Hair (please check appropriate box):
 Bald Black Blonde/Strawberry Blue Brown Gray Green Orange Pink
 Purple Red/Auburn Sandy Unknown White

*Eyes (please check appropriate box):
 Black Blue Brown Gray Green Hazel Maroon Multicolored Pink Unknown

Applicant Home Address

*Address 23 HAGALIL STREET, APARTMENT #9
*City KARMIEL *State _____
*Postal (Zip) Code 2191112 *Country ISRAEL
Phone Number _____ E-Mail _____com

* Mail Results to Address
C/O MICHAEL S. LAHAM ATTN MICHAEL S. LAHAM
Address P. O BOX 129
City KARMIEL State _____
Postal (Zip) Code 2161002 Country ISRAEL
Phone Number (if different from above) _____

Payment Enclosed: (please check appropriate box)
 CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

Reason for Request:
 Personal review Challenge information on your record Adoption of a child in the U.S.
 International adoption Live, work, or travel in a foreign country Other

* APPLICANT SIGNATURE _____ DATE 01 OCTOBER 2015

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.