

**US Office of Personnel Management
Investigations Service
Federal Investigations Processing Center
Boyers, PA 16018-0618**

CERTIFICATION OF AMENDED INVESTIGATIVE FORM

SUBJECT'S NAME: _____ **SSN:** _____

Instructions: This side is to be used in tandem with amendments made to the "8/95" versions of the Standard Forms 85/85P/86 and 85PS. In the left hand column, please check off each item where an alteration and/or amendment has been made and complete the certification at the bottom of this form.

Response(s) Modified	ITEM	SF 86	SF 85P	SF 85PS	SF 85
<input type="checkbox"/>	Foreign Activities	17 a-d	NA	NA	NA
<input type="checkbox"/>	Foreign Countries Visited	18	19	NA	NA
<input type="checkbox"/>	Selective Service Record	20 a-b	17 a-b	NA	12 a-b
<input type="checkbox"/>	Military Record	19	NA	NA	NA
<input type="checkbox"/>	Employment Record	22	12	NA	NA
<input type="checkbox"/>	Police Record	23 a-f	20	NA	NA
<input type="checkbox"/>	Medical Record	21	NA	5	NA
<input type="checkbox"/>	Illegal Drugs	24 a-c	21 a-b	3 a-b	14
<input type="checkbox"/>	Alcohol	25	NA	4	NA
<input type="checkbox"/>	Clearance/Access Denied	26 a-b	18 a-b	NA	NA
<input type="checkbox"/>	Financial Record	27 a-d 28 a-b	22 a-b	NA	NA
<input type="checkbox"/>	Court Actions	29	NA	NA	NA
<input type="checkbox"/>	Association Record	30 a-b	NA	NA	NA
<input type="checkbox"/>	Date of Certification	Page 9	Page 7	Page Bottom	Page 5
<input type="checkbox"/>	Date of Release	Page 10	Page 8	Last Page 85P	Page 6

Certification of Agency Official

I certify that the amendments and/or alterations made to the attached investigative document are consistent with the subject's intent and have been made with his/her concurrence. I understand that this form will become part of the investigative file for protection of the Investigative Service, the employing agency, and the subject of investigation.

<i>Full Name (Type or Print Legibly)</i>	<i>Title/Position</i>	<i>SOI Number</i>	<i>SON Number</i>
<i>Signature (Sign in ink)</i>			<i>Date</i>