

PRIVACY ACT REQUEST

Items marked with () are required.*

* Name: _____

* Address (including city, state, zip code): _____

Date: _____

Defense Intelligence Agency
ATTN: FAC-2C (FOIA)
7400 Pentagon
Washington, DC 20301-7400

Dear FOIA / Privacy Act Public Liaison:
This is a request under the Privacy Act.

***I request that a copy of the following documents (or documents containing the following information) be provided to me.** *(Identify the documents or information as specifically as possible. If applicable, a request for an investigation should include the investigation type, approx. dates, your involvement in investigation, and the subject of investigation.)*

Social Security Number: _____ Phone: _____

Email: _____ Birth: (day) ____ (month) _____ (year) _____

Providing your birthdate and SSN is voluntary; however, without the SSN, we may not be able to locate the records you are requesting.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am the person named below. I understand that any falsification of this statement is punishable, under the provisions of 18 U.S.C. Section 1001, by a fine of not more than \$10,000, or by imprisonment of not more than five years, or both and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5000.

*TYPED/PRINTED FULL NAME

*SIGNATURE

DATE