

CERTIFICATION OF IDENTITY

PRIVACY ACT STATEMENT

In accordance with 15 CFR Section 4.24(d), the U.S. Department of Commerce requires you provide us with sufficient information to identify you when you submit requests by mail or otherwise not in person under the Privacy Act of 1974, 5 U.S.C. Section 552a. We take this step to ensure that we do not wrongfully disclose the records of individuals who are the subject of U.S. Department of Commerce systems of records. Providing this information is voluntary, however, if you do not provide it we will be unable to take action on your request. If you provide false information on this statement you may be subject to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

REQUESTER INFORMATION

1. Full name of requester/ Subject of record(s) sought	Last – Please print or type		First – Please print or type		Middle – Please print or type	
	Place of Birth – Please print or type				Date of Birth (mm/dd/yyyy)	
2. Current address	Address – Number and street – Please print or type					
	City – Please print or type			State	ZIP Code	
	Email Address – Please print or type					
3. Requester status Mark (X) appropriate box.	☐ Self ☐ Guardian of individual whose record(s) is sought – Enclose copy of appointing document, ☐ Parent of minor child whose record(s) is sought					
4. Information being requested – Please describe in as much detail as possible.	Please print or type					
5. Declaration	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 above, and 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 \$5,000.					
	Original Signature of Requester				Date	
6. Authorization to release information to another person.	a. If you are authorizing information relating to yourself to be released to another person – Please fill in the information below. 					
	Name of authorized recipient – Please print or type					
	b. Further pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Commerce to release the above-described information relating to me.					
Original Signature of Requester				Date		

Office Use Only
PA/FOIA Control #