

# Certification of Identity

**Privacy Act Statement:** 5 U.S.C. Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The primary purpose for the collection of the information on this form is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. The authority by which information is collected on this form is 5 U.S.C. § 552 and 5 U.S.C. § 552a(a), as well as 28 CFR Section 16.41(d). You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

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**Instructions:**

In order to verify your identity, please complete and sign this form. If you are making a request on behalf of another individual, that individual must complete and sign this form. This form must be notarized or include a statement affirming identity under penalty of perjury.

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**Identification Information**

Full Name (Last, First, Middle):

Date of Birth:

Place of Birth (City, State, Country):

Current Address:

City, State, ZIP Code:

Social Security Number (voluntary):

Citizenship / Immigration Status:

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**Authorization for Release to Third Party (if applicable)**

I authorize disclosure of records pertaining to me to the following person:

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**Certification**

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. § 1001 by a fine, 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.

Signature: \_\_\_\_\_

Date: