

FORM CD-316  
(8-78)  
PRESCRIBED BY  
15CFR PART 4B  
(DAO 205-15)

U.S. DEPARTMENT OF COMMERCE

DEPT. FACILITY

**PRIVACY ACT INFORMATION REQUEST**

CONTROL NO.

(NOTE: Use of this form is recommended, but is not mandatory)

**INSTRUCTIONS:** To Request Information or Action Under the Act, Complete appropriate Items in Part I. Retain Gold Copy; Submit Others to Department of Commerce. Part II is For Agency Use Only.

**PART I - REQUESTER INFORMATION**

<p>1. Name of Individual whose record(s) is sought (Please print): _____</p>	<p>5. Action requested:</p> <p>a. <input type="checkbox"/> Tell me how to exercise my rights under the Privacy Act.</p> <p>*b. <input type="checkbox"/> Tell me if you have the requested record(s).</p> <p>*c. <input type="checkbox"/> Tell me when and where I may have access to the requested record(s).</p> <p>*d. <input type="checkbox"/> Please send a copy of the requested record(s).</p> <p>*(If the request concerns records of another individual who is a ward or minor, and the requester is the ward's guardian or minor's parent, the requestor must check Item 6, and must attach a copy of court guardianship order or minor's birth certificate)</p>
<p>2. Individual whose record(s) is sought is:</p> <p><input type="checkbox"/> U.S. citizen</p> <p><input type="checkbox"/> Alien lawfully admitted for permanent residence</p>	<p>6. Requester is:</p> <p><input type="checkbox"/> Guardian of individual whose record(s) is sought</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Parent of minor individual whose record(s) is sought</p>
<p>3. Record requested (Please describe. Also give record system name and number, if known): _____</p>	<p>7. Requester's:</p> <p>Name (Please print) _____ Address _____</p> <p>Signature _____</p> <p>Telephone number (Optional) _____</p>
<p>4. Give any identifying data that would help locate the record (e.g., maiden name, occupational license number, period or place of employment, etc.): _____</p>	<p>8. Date _____</p>

**NOTE:** Item 9 should be completed **ONLY IF** requester--

- Requests action under Item 5b, c, or d, **AND**
- Seeks a record **NOT** disclosable to any person under the Freedom of Information Act (5 U.S.C. 552), **AND**
- Does **NOT** appear in person before an authorized employee of the Department to have his/her identity verified.

9. Certificate of Notary Public, or other officer

State of \_\_\_\_\_ county of \_\_\_\_\_ : ss \_\_\_\_\_

\_\_\_\_\_, the subscribing requester, came before me a \_\_\_\_\_, in and for the aforesaid county and state, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, and established (his) (her) identity to my satisfaction. My commission expires \_\_\_\_\_. Signature \_\_\_\_\_

**SPECIAL NOTICE -- FALSE STATEMENTS SUBJECT TO CRIMINAL PENALTIES:**

The Privacy Act of 1974 (Public Law 93-579), 5 U.S.C. 552a(i) (3), states: "Any person who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretences shall be guilty of a misdemeanor and fined not more than \$5,000."

**PART II - FOR AGENCY USE ONLY**

<p>Proof of identity established in person before (Name, title, location): _____</p>	<p>Received by _____</p>	<p>Fee data:</p> <p>Amount due \$ _____</p> <p>Date received _____</p>	
	<p>Date request received _____</p>	<p>Non-collectable costs: _____</p>	
	<p>Action assigned to _____ Date _____</p>		
	<p>Due date of response to Requestor _____</p>		

**Copy Distribution:** Requester keeps Gold Copy; sends others to Department. (Privacy Officer keeps Pink; sends others to Action Office, which retains Canary Copy and returns White to Privacy Officer.)

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