



**U.S. Immigration
and Customs
Enforcement**

PLEASE RETURN TO:
Immigration and Customs Enforcement
Freedom of Information Act Office
800 North Capitol Street, Suite 585
Washington, DC 20536
Via Facimile: (202) 732-0310

AFFIRMATION/DECLARATION

This is to affirm that

I, _____,
(PRINT FULL NAME)

request access to records maintained by the U.S. Immigration and Customs Enforcement which pertain to me. My present address is:

my date of birth is: _____, and

my place of birth was: _____.

I understand that any knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

I hereby authorize _____ access to my records.
(PRINT FULL NAME)

I request that any located and disclosable records be forwarded to the following individual:

_____ at the following address:
(PRINT FULL NAME)

I hereby declare or certify under penalty of perjury that the foregoing is true and correct.

Executed on _____.
(DATE)

(SIGNATURE OF AFFIRMANT/DECLARANT)