



PLEASE RETURN TO: UNIT CHIEF, INFORMATION DISCLOSURE,
MISSION SUPPORT, OFFICE OF INVESTIGATIONS, U.S. IMMIGRATION
AND CUSTOMS ENFORCEMENT, 425 I STREET, N.W., ROOM 4038,
WASHINGTON, DC 20536, OR YOU MAY FAX TO: (202) 616-7612.



AFFIRMATION/DECLARATION

This is to affirm that

I, _____
(print full name)

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

my former address was:

and my date of birth is: _____

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:

1. Name of individual:
2. Address:

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

Executed on _____
(Date)

(Signature of Affirmant/Declarant)