

PRIVACY ACT REQUEST

Items marked with an asterick (*) are required for this to be a complete Privacy Act Request.

*Name:

Mr. Ms.

*Your street address:

*Your City, State, and Zip Code:

Today's Date:

Defense Intelligence Agency
Attn: DAN-1A (Privacy Act)
200 MacDill Blvd
Washington, DC 20340-5100

Dear Privacy Act Public Liaison:

This is a request under the Freedom of Information Act:

***I request that a copy of the following documents (or documents containing the following information) be provided to me.** (Identify the documents or information as specifically as possible. If applicable, a request for an investigation should include the investigation type, approx. dates, your involvement in investigation, and the subject of investigation.)

Social Security Number:

Phone:

Email Address:

Date of Birth:

DAY

MONTH

YEAR

Providing your birthdate and SSN is voluntary; however, without the SSN, we may not be able to locate the records you are requesting.

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 below. 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.

*TYPED/PRINTED FULL NAME

*SIGNATURE

DATE