Privacy Act Request Form

Items marked with an asterisk (*) are required for this to be a complete Privacy Act Request. Please write legibly so that we may understand your request.

*Name:

Mr.Ms.
*Your street address: *Your City, State, and Zip Code: *Today's Date:
National Geospatial- Intelligence Agency Attn: Privacy Act Requester Service Center 7500 GEOINT Drive, MS S01-EGM Springfield, VA 22150-7500
Dear Privacy Act Program Manager:
This is a request under the Privacy 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. If your description requires additional space, please attach a separate page to complete this request.
*Please indicate if you are a current NGA employee or have been employed by this agency in the past. Yes No
*Please be
advised that fees will be charged for duplication. Maximum amount you are willing to pay for duplication of records responsive to your request,

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

Social Security Number:			Phone:
Email	Address: _		Date of Birth:
DAY	MONTH	YEAR	
forego falsifica fine of reques	ing is true an ation of this s not more tha sting or obtail	nd correct, and statement is po nn \$10,000 or n ning any recor	y under the laws of the United States of America that the I that I am the person named below. I understand that any unishable under the provisions of 18 U.S.C. Section 1001 by a by imprisonment of not more than five years or both, and that rd(s) under false pretenses is punishable under the provisions of not more than \$5,000.
*TYPE	D/PRINTED	FULL NAME	
*SIGN	ATURE		* DATE

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