

**PRIVACY ACT REQUEST****NOTE: False statements subject to criminal penalties. See Public Law 93-579, 88 stat. 1902 (5 U.S.C. 552a(i))**

(U) Authority for collecting the requested information is contained in 5 U.S.C. Section 552a, as amended, 32 C.F.R. Ch. 1, Parts 310 and 322, DoD Regulation 5400.11-R and NSA/CSS Policy Instruction 12-0001. DoD's Blanket Routine Uses (found at Appendix C, 32 CFR. Part 310) and the specific uses found in GNSA 28 apply to this information. Authority for requesting your Social Security Number (SSN) is Executive Order 9397, as amended. The requested information will be used to process your Privacy Act request. Disclosure of the requested information, including SSN, is voluntary. However, failure to furnish the requested information may delay or prevent the processing of your request. Failure to provide SSN will affect the ability to conduct a thorough search for records responsive to your request.

**SECTION I - REQUESTER AND RECORD IDENTIFICATION (Mandatory)**

REQUESTER NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER	ORGANIZATION
HOME ADDRESS (Street)	(City)	(State)	(ZIP Code)	
PHONE NUMBER (Secure)	(Non-Secure - include Area Code)	(Home - include Area Code)		
SIGNATURE (Only required if requested record(s) for yourself)			DATE (YYYY-MM-DD)	
DESCRIPTION OF REQUESTED RECORD(s) (Please be specific)				

**INDIVIDUAL WHOSE RECORD IS BEING SOUGHT IF OTHER THAN REQUESTER**

NAME (Last)	(First)	(MI)	HOME PHONE NUMBER (Include Area Code)	
HOME ADDRESS (Street)	(City)	(State)	(ZIP Code)	SOCIAL SECURITY NO.
DELIVERY OF RECORD(s)		SIGNATURE		DATE
<input type="checkbox"/> MAIL TO MY HOME ADDRESS <input type="checkbox"/> I give permission for the individual listed above as the "REQUESTER", to retrieve these records on my behalf.				
REPRESENTATIVE'S LEGAL CAPACITY (Copy of authorizing document must be attached, e.g., court's guardianship order, power of attorney, etc.)				
(Printed Name)	(Signature)	(Title)		

**SECTION II - FOR AGENCY USE ONLY**

REMARKS

OFFICIAL'S SIGNATURE	OFFICIAL'S TITLE	DATE
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