

**DECLARATION OF IDENTITY FOR
FREEDOM OF INFORMATION AND/OR PRIVACY ACT REQUESTS**

I, (please print) _____, hereby request information pursuant to the Freedom of Information Act and/or Privacy Act. I verify that the information I am requesting pertains to me. I have attached a photocopy of two (2) identifying documents bearing my name and signature (one of which states my current home address and my date of birth).

Mailing Address: _____

Date of Birth: _____ Social Security Number: _____

Telephone number: _____ (home) _____ (cell)

Description of records you are requesting, for example, medical records, employment file, etc. Please include any other information that could be used to assist in the search for records, for example, payroll number(s), employee identification number(s), badge number, all the names you have used, name of past or present employer/location of facility, and dates of employment if known:

I understand the criminal penalty in the Privacy Act for requesting or obtaining access to records under false pretenses (5 U.S.C. 552a(I)(3)) and I declare under penalty of perjury (18 U.S.C. 1001) that the information I have provided is true and correct.

Signature

Date

Upon completion of this form, please return to: FOIA/PA Officer, U.S. Department of Energy, RL and ORP, P.O. Box 550, Mailstop A7-75, Richland, WA 99352.

-This form is Official Use Only when filled out-