



Central Intelligence Agency
 Information and Privacy Coordinator
 Washington, DC 20505 Fax (703)613-3007

FREEDOM OF INFORMATION ACT - CERTIFICATION OF IDENTITY

Privacy Act Statement: In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by Facsimile under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Your Name (Last, First, Middle) – Mr/Mrs/Ms: _____

Current Mailing Address: _____

Phone: _____

Subject’s Full Name (Last, First, Middle): _____

Any Other Names Used? _____

Date of Birth: ____ / ____ / ____ Place of Birth (City, State/Country): _____
 Month Day Year

Date of Death: ____ / ____ / ____ Place of Death (City, State/Country): _____
 Month Day Year

SUBJECT’S CITIZENSHIP STATUS (Please Check One)

____ US Citizen Social Security Number ¹ ____ - ____ - ____

OR

Other Country: _____

Specific Records of Interest: _____

COMPLETE THIS SECTION IF YOUR SUBJECT IS LIVING

Authorization to Release Information to Another Person: This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:

 Print name and address to who records should be released

Subject’s Signature: _____ Date: _____

¹ Providing your subject’s social security number is voluntary. You are asked to provide the social security number only to facilitate the identification of records. Without the social security number, we may be unable to locate any or all records.