

## Certification of Identity

**Privacy Act Statement.** In accordance with 6 CFR § 5.21, personal data sufficient to identify individuals submitting requests for records under the Privacy Act of 1974, 5 U.S.C. § 552a, is required. The purpose of this solicitation is to ensure that the Office of Inspector General for the Department of Homeland Security does not wrongfully disclose records of individuals who are the subject of Department's systems of records. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. § 1001 and/or 5 U.S.C. § 552a(i)(3).

**Full Name of Requester** <sup>1</sup> \_\_\_\_\_

**Citizenship Status** <sup>2</sup> \_\_\_\_\_

**Social Security Number** <sup>3</sup> (Optional) \_\_\_\_\_

**Current Address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

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 above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 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. **All signatures under the certification of perjury statement MUST be an original signature, as the DHS/OIG will not accept faxed signatures. The signature must also be legible.**

**Requester's Signature** <sup>4</sup> \_\_\_\_\_ **DATE** \_\_\_\_\_

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### **OPTIONAL: Authorization to Release Information to Another Person**

(This form is to be completed by a requester who is authorizing release of information relating to himself or herself to another person or entity.)

**Pursuant to 5 U.S.C. § 552a(b), I authorize the U.S. Department of Homeland Security, Office of Inspector General, to release any and all information relating to me to:**

**Name of Recipient (Print or Type name):** \_\_\_\_\_

**Address of Recipient:** \_\_\_\_\_

Please Print or Type Address

**Requester's Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

<sup>1</sup> Name of individual who is the subject of the record sought.

<sup>2</sup> Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. § 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. § 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>3</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Office of Inspector General (OIG) may not be able to locate any or all records pertaining to you.

<sup>4</sup> Signature of individual who is the subject of the record sought.