NOTARIZED SIGNATURE



CERTIFICATION OF IDENTITY

INDIVIDUALS REQUESTING PERSONAL RECORDS UNDER FOIA MUST ACCOMPANY IT WITH THIS FORM, COMPLETED WITH EITHER A NOTARIZED SIGNATURE OR A DECLARATION.

Vous eignoture	
Your signature(To be signed in the presence of a Notary.)	
Subscribed and sworn to before me on	
this day of of year	
Signature of Notary	
Expiration date of Commission	
	NOTARY SEAL OR STAMP
DECLARATION	
Name of requester(First, middle, last)	
Date of birth Social Security null	mber (optional)
Current address	
This declaration is submitted in lieu of my notarized USC §1746.	d signature pursuant to 28
I declare under penalty of perjury that the foregoing is I am the person named above. I understand the statement is punishable under the provisions of 18 L more than \$10,000 or by imprisonment of not more and that knowingly and willfully requesting or concerning an individual under false pretense provisions of 5 USC §552a(i)(3) as a misdemeanor than \$5,000.	at any falsification of this JSC §1001 by a fine of not e than five years, or both; obtaining any record(s) is punishable under the

IF YOU WISH TO CONSENT TO YOUR INFORMATION TO BE RELEASED TO A THIRD PARTY, PLEASE DESIGNATE BELOW.

I hereby waive my right to privacy, and I authorize the Postal Inspection Service to release any and all information relating to me:

ATTORNEY OR OTHER DESIGNEE Name, address, and phone number	
Signature	Date

MAIL OR FAX COMPLETED FORM TO:

U.S. POSTAL INSPECTION SERVICE MANAGER-FOIA RECORDS OFFICE 475 L'ENFANT PLAZA SW RM 3301 WASHINGTON DC 20260-2101

PHONE (202) 268-7004 FAX (202) 268-4538