



CERTIFICATION OF IDENTITY

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

NOTARIZED SIGNATURE

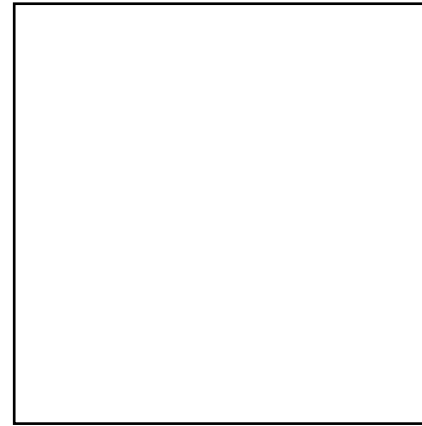
Your signature _____

(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 number _____
(optional)

Current address _____

This declaration is submitted in lieu of my notarized signature pursuant to 28 USC §1746. I declare under penalty of perjury that the foregoing is true and correct, and that I am the person named above. I understand that any falsification of this statement is punishable under the provisions of 18 USC §1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both; and that knowingly and willfully requesting or obtaining any record(s) concerning an individual under false pretense is punishable under the provisions of 5 USC §552a(i)(3) as a misdemeanor and by a fine of not more than \$5,000.



UNITED STATES POSTAL INSPECTION SERVICE

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