



UNITED STATES POSTAL INSPECTION SERVICE
CERTIFICATION OF IDENTITY

NOTARIZED SIGNATURE

Your signature: \_\_\_\_\_
(To be signed in the presence of a Notary)

Subscribed and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, of the year \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_

Notary Seal or Stamp

DECLARATION

Full Name of Requester: \_\_\_\_\_
(First, Middle, Last Name)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
(optional)

Current address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This declaration is submitted in lieu of my notarized signature pursuant to Title 28, United States Code (U.S.C.), Section 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 title 18, U.S.C., Section 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 title 5, U.S.C., Section 552a(i)(3) as a misdemeanor and by a fine of not more than \$5,000.

(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 USPI to release any and all information relating to me to:

ATTORNEY OR OTHER DESIGNEE (Provide name, address and phone number)

Name: \_\_\_\_\_

\*We require a direct person for contacts, especially at designated organizations.

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

A copy of this authorization and release is as effective and valid as the original. This authorization is valid for 12 months from the date it is signed unless specified other

Privacy Act Statement: Your information will be used to process your FOIA request. Collection is authorized by 39 U.S.C. § 401, 410, and 412. Providing the information is voluntary, but if not provided, we may not process your request. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS (service providers); to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit www.usps.com/privacypolicy.