

FREEDOM OF INFORMATION ACT(FOIA) REQUEST

(For use of this form, see AR 25-55. Proponent for this form is DHR.)

1. DATE:

PRIVACY ACT STATEMENT:**AUTHORITY:** 5 USC SECTION 552; PUBLIC LAW 106-544; EO 13392; AR 25-55; AR 340-21**PRINCIPAL PURPOSE(S):** To provide another means for filing a request under the Freedom of Information Act and Privacy Act.**ROUTINE USE(S):** None. The "blanket routine uses" set forth at the beginning of the Army's Compilation of Systems of Record Notices also applies to this system.**DISCLOSURE:** Voluntary. However, failure to provide all required information could lead to rejection for inadequate data.**SECTION I - REQUESTOR INFORMATION**

2. NAME:

3. MAILING ADDRESS:

4. TELEPHONE: (Include area code)

5. E-MAIL ADDRESS:

*Government e-mail addresses not authorized for FOIA requests***SECTION II - DESCRIPTION OF RECORDS****6. DESCRIPTION:**

Describe the specific record(s) you seek with enough detail so the appropriate agency/activity may locate the record with a reasonable amount of effort. The detail should include the type of records or documents, description of the information sought, agency or unit in which record or documents may be located, dates or timeframe, and any unique identifying information such as a report or case number.

The Freedom of Information Act (FOIA) is not an investigative arm, nor can it respond to a requestor's questions. The FOIA cannot create records to satisfy one's request. The FOIA only provides you the right to request federal government records from specific documents, records, and files of the federal government.

SECTION III - INDIVIDUAL STATUS**7. SELECT ONE OF THE REQUIRED ITEMS BELOW:**

In order to help determine my status to assess fees, you should know that I am:

- ☐ An individual seeking information for personal use and not for commercial use.
- ☐ A representative of the news media affiliated with _____ newspaper, magazine, television station, etc.
- ☐ This request is made as part of news gathering and is not for commercial use.
- ☐ Affiliated with an educational or non-commercial scientific institution. This request is made for a scholarly or scientific purpose and not for commercial use.
- ☐ Affiliated with a private business and am seeking information for use in the company's business.

SECTION IV - FEE**8. FEES:**

- ☐ I am willing to pay required fees authorized under the Freedom of Information Act in the amount of _____.

SECTION V - CONTACT INFORMATION

Please provide an original and legible signature. Legal representatives must present an original of proof of legal representation.

9. This form can be mailed and/or e-mailed to:
ADMINISTRATIVE SERVICES DIVISION
ATTN: FREEDOM OF INFORMATION ACT (FOIA) 8150
MARNE ROAD
FORT MOORE, GA 31905 or
USARMY.MOORE.IMCOM.MBX.G1HRD-FOIA-
PROJECT-OFFICER@ARMY.MIL

10. NAME: (Typed or handwritten)

11. DIGITAL SIGNATURE AND DATE:

Verification/Certification of Identity

Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Army systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹ _____

Citizenship Status ² _____ Social Security Number ³ _____

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 (28 USC 1746), 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. Section 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.

Signature ⁴ _____ Date: _____

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Army to release the following information about _____

_____ relating to me to:

Print or Type Name _____

¹ Name of individual who is the subject of the record(s) sought.

² 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. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ 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 Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.

IAW 32 CFR Part 505, Sec. 505.5 Individual access to personal information:

(c) Verification of identity for first party requesters.

(1) Before granting access to personal data, an individual will provide reasonable verification of identity.

(2) When requesting records in writing, the preferred method of verifying identity is the submission of a notarized signature. An alternative method of verifying identity for individuals who do not have access to notary services is the submission of an un-sworn declaration in accordance with 28 U.S.C. 1746 in the following format:

(i) If executed within the United States, its territories, possessions, or commonwealths: ``I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. Executed on (date). (Signature)".

(ii) If executed outside of the United States: ``I declare under perjury or penalty under the laws of the United States of America that the foregoing is true and correct. Executed on (date). (Signature)."

(3) When an individual seeks access in person, identification can be verified by documents normally carried by the individual (such as identification card, driver's license, or other license, permit or pass normally used for identification purposes). However, level of proof of identity is commensurate with the sensitivity of the records sought. For example, more proof is required to access medical records than is required to access parking records.

(4) Telephonic requests will not be honored.

IAW 32 CFR Part 505, Sec. 505.7 Disclosure of personal information to other agencies and third parties:

(a) Disclosing records to third parties. (1) DA is prohibited from disclosing a record from a Privacy Act system of records to any person or agency without the prior written consent of the subject of the Record.