



**Homeland
Security**

Privacy Office, Mail Stop 0655

AFFIRMATION/DECLARATION

This is to affirm that I,

_____,
(PRINT FULL NAME)

request access to records maintained by the Office of Biometric Identity Management which pertain to me.

My present address is:

_____.

my date of birth is: _____.

my place of birth was: _____.

I understand that knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

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. 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.

Executed on _____
(DATE)

(SIGNATURE OF AFFIRMANT/DECLARANT)

PRIVACY ACT STATEMENT: In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests 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. Department of Justice systems of records are not wrongfully disclosed. 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).

PLEASE RETURN TO: The Privacy Office, Office of Biometric Identity Management, U.S. Department of Homeland Security, 245 Murray Lane SW, STOP-0655, Washington, D.C. 20528-0655, Phone: 202-343-1743 or 866-431-0486, Fax: 202-343-4011, E-mail: foia-obim@hq.dhs.gov