

U.S. Office of Personnel Management Ombudsman – Privacy Release

Privacy Act Statement

5. U.S.C. 1103(a) allows for the collection of the information for the purpose of resolving issues of concern or complaints regarding an agency. Information obtained will be used by the Ombudsman mainly to resolve issues of concern or complaints. Other routine uses include law enforcement purposes, litigation, records management inspections, and congressional inquiries. Providing this information is voluntary however, failure to furnish the requested information may delay or prevent the Ombudsman from assisting you with your request.

Public Burden Statement

The public reporting burden for this information collection is estimated to be 5 minutes. This burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the information. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: U.S. Office of Personnel Management, Ombudsman, Attn: OMB Number (3206-NEW), 1900 E Street NW, Washington, DC 20415-7900. You are not required to respond to this collection of information unless a valid OMB control number is displayed.

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail _____

If you are a retired Federal employee, please provide us with your civil service (CSA, CSF, or CSI, etc.) number _____

What is the best way to contact you? _____

My signature below is my consent to allow representatives of the Ombudsman, Executive Secretariat and Ombudsman, U.S. Office of Personnel Management to obtain any information requested and to examine and/or copy any records related to my Request for Assistance submitted to the U.S. Office of Personnel Management In order to verify your identity, please provide a notarized signature, or, alternatively, an unsworn declaration in accordance with 28 U.S.C. 1746. ***(Please note: An unsworn statement replaces the need for a notarized signature)***

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- 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

Printed Name

- If executed **outside of** the United States,

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on:

Date

Signature

Printed Name

If you choose to provide a notarized release, please sign and have notarized below:

Name (printed)

Signature

STATE OF _____ :

COUNTY OF _____ :

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identification, which was/were _____ to be the person whose name is signed on the preceding document in my presence.

(official seal and signature of notary)

My commission expires: _____

If you have had this Privacy Release notarized, please mail the original to the Ombudsman's office at:

U.S. Office of Personnel Management
Ombudsman
Room 5450
1900 E Street, NW
Washington, DC 20415

If you are providing an unsworn declaration, you may either pdf or scan this form and e-mail it to OMBUDS@opm.gov with your Request for Assistance or fax it to the Ombudsman at 202-606-0304.