



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF MANAGEMENT

Privacy, Information and Records Management Services

Certification of Identity and Consent

FORM APPROVED
OMB NO: 1880-XXXX Exp. XX/XX/XXXX

To ensure Privacy Act protected information is not released improperly, a request that is not made in person seeking access to records regarding you or your minor child must be accompanied by verification(s) of identity.

SECTION 1: REQUESTER INFORMATION

Subject's Full Name\*1 [ ] Request Number\*2 [ ]

Social Security Number\*3 [ ] Alternate Identification Number\*4 [ ] Date of Birth [ ]

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 subject named above or the parent or guardian of the minor subject named above.

Signature\*5 \_\_\_\_\_ Date [ ]

[ ] If Applicable: Consent to release Privacy Act protected information to a third party. Pursuant to 34 CFR Section 5b.9, I authorize the U.S. Department of Education and its contractors and agents to release the records indicated in my Privacy Act request to the third party whom I have identified below.

Third Party: Print or Type Full Name [ ]

SECTION 2: CERTIFICATION OF IDENTITY OF ANY INDIVIDUAL THIRD PARTY WITH CONSENT TO RECEIVE PRIVACY ACT PROTECTED INFORMATION

If the subject of the records (or the minor subject's parent or guardian) elected above to consent to release Privacy Act protected information to an individual third party, then the individual third party will also be required to sign this section.

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 individual third party named above.

Signature\*6 \_\_\_\_\_ Date [ ]

\* Field Descriptions

- 1 Name of individual who is the subject of the record(s) being sought.
2 If it has been issued, provide the Department of Education Tracking Number for your related Privacy Act request.
3 Although providing your Social Security Number is voluntary, there are many types of records that the Department can locate only if the subject's Social Security Number has been provided.
4 Although providing the Department with an Alternate Identification Number (e.g. your Debt # or an ID# issued to you by a Department Contractor or service provider) is voluntary, the Department may need this Number in order to provide you with your requested records, particularly if you do not provide your Social Security Number.
5 Signature of individual who is the subject of the record(s) sought (or the minor subject's parent or guardian).
6 Signature of the individual third party to whom the subject (or the minor subject's parent or guardian) has consented to release the requested Privacy Act protected records.

Privacy Act Statement. In accordance with 34 CFR Section 5b.5(b)(2) 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1880-XXXX.