

**U.S. DEPARTMENT OF ENERGY
PRIVACY ACT INFORMATION REQUEST**

CONSENT FOR DISCLOSURE OF RECORDS UNDER THE PRIVACY ACT

To provide consent and authorize the agency to disclose your records to another person or entity, please provide the information below. (This form may also be used if you are the parent consenting to and authorizing disclosure of the records of a minor or the legal guardian consenting to and authorizing disclosure of the records of an incompetent. Please complete the appropriate Items in Part I, II, III and establish identity in accordance with instructions on Reverse Side of this form. Retain a copy for your records. Submit signed and completed Privacy Act Request Information form and a copy of identifications to the U.S. Department of Energy Privacy Act Office in accordance with instructions on Reverse side of this form. Requests may also be submitted to a Privacy Act Officer at a Field Location or National Lab. NOTE: Records will be provided in Adobe PDF format and copied to a CD-ROM or emailed password protected unless the requester states a preference for paper copies. Part IV is For Agency Use Only. FALSE STATEMENTS SUBJECT TO CRIMINAL PENALTIES. SEE REVERSE SIDE.

Privacy Act Statement

Authority: The Privacy Act of 1974 (5 U.S.C. § 552a) and 10 CFR § 1008.7 authorizes the collection of this information. The information provided through this form is covered by a DOE Privacy Act system of record, DOE-55, Freedom of Information and Privacy Act (FOIA/PA) Request for Records, which is located in volume 74 of the Federal Register, pages 1059-1061, published on January 9, 2009.

Purpose: DOE will use this information to search for records pertaining to a specific individual when a Privacy Act information request is submitted by that individual or by an authorized representative on behalf of that individual.

Routine Uses: This information will be used by and disclosed to DOE personnel, contractors, or another federal agency who will need the information to locate records responsive to your request. DOE may disclose this information in courts or in administrative proceedings, to the tribunals, counsel, other parties, witnesses, and the public (in publicly available pleadings, filings, or discussion in open court) if the disclosure is relevant and necessary for the proceeding and compatible with the purpose for which the Department originally collected this information. Additionally, this information may also be disclosed to members of Congress making requests on behalf of a constituent. This information may be provided to DOE employees or contractors who have a need for the information in the performance of their duties or to fulfill contact requirements, pursuant to the purpose established in DOE-55.

Disclosure: Furnishing this information (including additional identifying data) is voluntary; however, failure to furnish the requested information may delay or increase of difficulty of locating records responsive to your request.

PART I – INFORMATION USED FOR IDENTITY-PROOFING AND AUTHENTICATION

(This information is required for the agency to verify your identity)

1. Full Name (<i>First, Middle, Last</i>)	2. Date of Request
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If Applicable: Information for Request by Parent or Legal Guardian

3. Full Name of Individual Whose Record(s) Are Requested (<i>First, Middle, Last</i>)	4. Documents Required to Establish Relationship/Guardianship <i>(Check all that apply)</i> <input type="checkbox"/> Court Order establishing guardianship <input type="checkbox"/> Birth Certification
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5. To Verify My Identity

I have completed and signed this form with a physical or digital signature

I have enclosed a copy of a document containing my photograph and signature; or two documents containing my name and signature, one of which contains my current address and date of birth, such as a driver's license or passport, etc.; or

I have provided in person, a copy of a document containing my photograph and signature; or two documents containing my name and signature, one of which contains my current address and date of birth, such as a driver's license, passport, or voter registration card, etc.; or

I am a representative authorized by the individual whose records are being requested. I have submitted a notarized General Release form/letter indicating the individual has given permission to release the records to the Authorized Representative, an Authorization for Representative form/letter giving them permission to act on their behalf, copies of 2 forms of ID from the individual whose record(s) are requested), and 2 forms of ID from the authorized representative.

PART II – ADDITIONAL INFORMATION REQUIRED TO LOCATE THE RECORD(S)

(This information is required for the agency to be able to match the individual's information provided in this request with the records that pertain to that individual)

6. Social Security Number <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> – <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> – <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	7. Date of Birth (MM/DD/YYYY)
8. Program Office, Staff Office, Field Office, or Lab That You Are Requesting Records From	9. Date Range of Records Requested <p style="text-align: center;">TO</p>
10. Give any identifying data that would help locate the record <i>(e.g., maiden name; badge number; occupational license number, time, and place of employment, etc.):</i> 	
11. Description of Requested Records <input type="checkbox"/> Administrative Review Files <input type="checkbox"/> Personnel Records – j <input type="checkbox"/> Other <i>(Type of Records Requested)</i> <input type="checkbox"/> Grievance Files <input type="checkbox"/> Personnel Security Clearance Files <input type="checkbox"/> Medical <input type="checkbox"/> Radiation Exposure Report <input type="checkbox"/> Occupation and Industrial Records <input type="checkbox"/> Training Records <input type="checkbox"/> Payroll/Leave Records <input type="checkbox"/> X-Ray Reports	

PART III – RECIPIENT INFORMATION

12. Name of Recipient (Person or Entity) to Whom Disclosure is Authorized <i>(First, Middle, Last)</i>	13. Recipient's Relationship to the individual who is the subject of the records <input type="checkbox"/> Parent or a Minor <input type="checkbox"/> Legal guardian <input type="checkbox"/> Third-party representative authorized by the individual <input type="checkbox"/> Member of Congress: <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Name and State)</i></p>
14. Recipient's Mailing Address 	
15. Requestor's Contact Information Telephone No. <i>(Include Area Code)</i> : _____ Email Address: _____	

16. Declaration
 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 requesting access to my records [, or records that I am entitled to request as the parent of a minor or the legal guardian of an incompetent], and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, 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.

17. Requester's Digital Signature	18. Date
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PART IV – FOR AGENCY USE ONLY

19. Proof of Identity Witnessed in Person <i>(Name, Title, Location)</i>	20. Case Number
21. Form of Identify <input type="checkbox"/> Driver's License <i>(Date Received)</i> _____ <input type="checkbox"/> Passport <i>(Date Received)</i> _____ <input type="checkbox"/> Other	22. Action Assigned To/Date
23. Additional Identifying Information: 	

Section 5 USC 55a (i) – Criminal Penalties:

(1) Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to , agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established there under, and who knowing that disclosure of this specific materials is so prohibited, willfully disclosures the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

- (2) Any officer or employee of any agency who willfully maintains a system of records without meeting the notice requirements of subsection (e) (4) of this section shall be guilty of a misdemeanor and fined not more than \$5,000.
- (3) Any person who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000.

Other Penalties:

A person who falsely or fraudulently attempts to obtain records under the Privacy Act, Title 5 U.S.C. Section 55a, may also be subject to prosecution under other criminal statutes such as 18 U.S.C. 494, 495, and 1001.

Ways to Submit a Privacy Act request:

- (1) By Mail: The Privacy Act Office, United States Department of Energy, 19901 Germantown Road, Room G-302, Germantown, Maryland 20874; or
- (2) By Fax: 301-903-7738 Attn: Privacy Act Request.
- (3) By email as a password protected document: PrivacyActOffice@hq.doe.gov
- (4) At a DOE Field Location: Individuals may make arrangements with the appropriate Privacy Act Officer to submit a Privacy Act request at a Field Office or National Lab location. Contact information for local Privacy Act Officers may be accessed here:
[http:// energy.gov/privacy](http://energy.gov/privacy).

Establishing Valid Identification of Individual Making Request Under the Privacy Act:

Pursuant to 10 CFR, § 1008.4 (b) (1) and (b) (2), an individual making a request may establish identity by:

- (1) Including with the request, if submitted by mail or email, a photocopy of two identifying documents bearing name and signature, one of which shall bear current home or business address and date of birth; or
- (2) Appearing at the appropriate DOE Headquarters or Field location during business hours and presenting either of the following:
 - (i) One identifying document bearing the individual's full name, photograph, and signature; or
 - (ii) Two identifying documents bearing the individual's full name and signature, one of which shall bear their current home or business address and date of birth.

If the individual making the request is unable to produce satisfactory evidence of identity, the individual making the request may be required by the Privacy Act Officer to submit a notarized statement attesting to his identity and his understanding of the criminal penalties provided under section 1001 of title 18 of the United States Code for making false statement to a Government agency and under subsection (i)(3) of the Act for obtaining records under false pretenses.

OMB Disclosure Statement

Public reporting burden for this collection of information is estimated to average .33 hours per response, including the time for reviewing instructions. Send comments regarding this estimate or any other aspect of this information, including suggestions for reducing this burden, to The Privacy Act Office, United States Department of Energy, 19901 Germantown Road, Room G-302, Germantown, Maryland 20874; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1700), Washington, DC 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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