CONSENT FOR RELEASE OF FSA RECORDS UNDER THE PRIVACY ACT Certification of Identity of Person Whose Records Are Being Requested

(Must be completed if request for records is not made in person.)

Current Address I declare under penalty of penjury under the laws of the United States of America that the matters stated herein are 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.

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