

Federal Bureau of Investigation

Washington, D.C. 20535

Privacy Waiver and Certification of Identity

Full Name:	-
Aliases used:	
Current Address:	
Date of Birth:	Place of Birth:
Social Security Number	(optional):
(Optional: Prior address	ses, employments, etc., which may assist the FBI in locating the requested information)
I hereby waive to me to :	my right to privacy, and I authorize the FBI to release any and all information relating
	(Name, address & phone of attorney or other designee)
falsification of this stater by a fine of not more that obtaining any record(s)	of perjury, I hereby declare that I am the person described above and understand that any ment is punishable under the provisions of Title 18, United States Code (U.S.C.), Section 1001 an \$10,000 or by imprisonment of not more than five years, or both; and that requesting or under false pretenses is punishable under the provisions of Title 5, U.S.C., Section 552a (i)(3) by a fine of not more than \$5,000.
Signature:	Date: