

REQUEST OF INFORMATION

The following information is necessary to file a Privacy Act request for your records. Note: You or your agent may request records ONLY about yourself. We will not process Privacy Act requests for records about someone else, e.g., information about your spouse, your adult child, your employee, etc.

Full Name: _____

Aliases or other names used (e.g. maiden name): _____

Daytime Telephone Number: _____

Social Security Number: _____ (Optional – without it though, we may not be able to locate all of your records)

Describe the record(s) you seek with enough Detail that they may be located with a reasonable amount of effort (e.g. where, when and what time the event took place)

Purpose for the Request _____

I understand that any falsification of this statement is punishable under the provisions of Title 18, United States Code (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 Title 5, U.S.C., Section 552a(i)(3) as a misdemeanor and by a fine of not more than \$5,000.

Signature: _____ Date: _____

A legible and original signature and a legible copy of a government-issued identification card is required.

Legal representatives must additionally present an original proof of legal representation.

-----OFFICIAL USE ONLY-----

Released

Signature: _____ Date: _____

Date Requested: _____ Date Called: _____ Date Released: _____

Released by: _____ MPR #: _____

Director of Emergency Services
Provost Marshal Office
BLDG 616 Swift Road
West Point, NY 10996
IMML-ES