Privacy Act Request Form

*Items marked with an asterisk ( * ) are required for this to be a complete Privacy Act Request. Please write legibly so that we may understand your request.*

- **Name:** ______________________________________________________________

- **Ms.**

- **Your street address:** ____________________________________________________

- **Your City, State, and Zip Code:** __________________________________________

- **Today’s Date:** __________________________________________________________

**National Geospatial-Intelligence Agency**
Attn: FOIA/PA Requester Service Center
7500 GEOINT Drive, MS N22-SISMD
Springfield, VA 22150-7500

Dear FOIA/PA Program Manager:

This is a request under the Privacy Information Act:

*I request that a copy of the following documents (or documents containing the following information) be provided to me. Identify the documents or information as specifically as possible. If applicable, a request for an investigation should include the investigation type, approx. dates, your involvement in investigation, and the subject of investigation. If your description requires additional space, please attach a separate page to complete this request.*

*Please indicate if you are a current NGA employee or have been employed by this agency in the past. Yes _____ No _____

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

*Please be advised that fees will be charged for duplication. Maximum amount you are willing to pay for duplication of records responsive to your request, ____________.
Providing your birthdate, SSN and proof of identification is voluntary; however, without them, we may not be able to locate the records you are requesting.

Social Security Number: ________________________________

Phone: ____________________________

Email Address: ________________________________

Date of Birth: ____________________________

*DAY/MONTH/YEAR

*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 below. 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.

____________________________________________________________________________

*TYPED/PRINTED FULL NAME

____________________________________________________________________________

*SIGNATURE  

* DATE

PII Disclaimer:
For Official Use Only – Privacy Act Sensitive. Information contained on this form may subject to the provisions of Privacy Act of 1974 and is for official use only. If you have received this from in error, please advise the sender immediately and delete the entire message together with all attachments. All unintended recipient s are hereby on notice that any use, distribution, copying or any other action regarding this form is strictly prohibited. Unauthorized dissemination or use of personally identifiable information is a violation of Federal Law.