

# A Guide to Filing Freedom of Information Act (FOIA) and Privacy Act (PA) Requests

If you have any questions, comments, or would like to request more legal information, please contact us at:

American Bar Association Commission on Immigration 740 Fifteenth Street, NW, 9th Floor Washington, DC 20005-1022 Telephone: (202) 442-3363 Website: www.americanbar.org/immigration This guide, prepared by the American Bar Association (ABA) Commission on Immigration, explains the procedures to file Freedom of Information Act (FOIA) and Privacy Act (PA) requests with entities within the U.S. Department of Homeland Security, including Immigration and Customs Enforcement (ICE), Citizenship and Immigration Services (CIS) and Customs and Border Protection (CBP), as well as the process for filing FOIA and PA requests with the Executive Office for Immigration Review (EOIR), the Internal Revenue Service (IRS) for tax records, and the process for requesting federal criminal records, and state criminal records.

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# I. INTRODUCTION

# A. What is the Freedom of Information Act?

The **Freedom of Information Act (FOIA),** 5 USC § 552, generally states that any person has the right to request federal agency records or information. All agencies of the U.S. Government — including the Department of Homeland Security (DHS) — are required to disclose records to members of the public upon receiving a written request for such records. There are nine exemptions and three exclusions that limit what the government must disclose. However, all records are publicly available unless the requested information could be considered classified information, information relating to national security, business proprietary information, personal privacy, or investigative information.

FOIA requests can be made for all types of information held by the government, such as:

- what is in your Alien File (A File),
- the status of a complaint filed with the DHS Office of the Inspector General,
- tax returns, and
- criminal records.

FOIA applies only to federal agencies and does not create a right of access to records held by Congress, the courts, or by state or local government agencies. All states have their own statutes governing public access to state and local records. If you need information from a state agency, you will need to look at the specific state regulations for further information on how to file a request for information. We have compiled information on how to request state criminal records as a part of this guide.

# **B.** What is the Privacy Act?

The **Privacy Act (PA)**, 5 U.S.C. § 552(a), provides Lawful Permanent Residents and United States citizens a right of access to correct or amend (change) government records that are retrieved by name or other personal identifier (for example, Social Security Number). If you are a U.S. citizen or Lawful Permanent Resident you may file a request to amend (change) incorrect information in your file. PA requests are more limited than FOIA requests, since they can only be made by Lawful Permanent Residents or U.S. citizens who are seeking information about themselves.

# C. Basic Tips for All FOIA and PA Requests

# PLEASE NOTE: ALL FOIA REQUESTS MUST BE SUBMITTED IN WRITING.

- Each agency responds to requests for its own records. Therefore, before sending a request, you should determine whether the agency is likely to have the records you are seeking.
- Requests must be for access to **existing records**. The FOIA /PA Program Offices will not "create" records in order to respond to a FOIA or PA request. What you are requesting must already exist in the agency records.
- Each government agency has its own policies for filing a request, so make sure you are using the appropriate forms and documents.
- If you seek information regarding third parties, either a written authorization signed by that individual permitting disclosure of those records to you, or proof that that individual is deceased (for example, a death certificate or an obituary) will help the processing of your request.
- For information relating to a child, you must provide proof of parentage or guardianship by providing a copy of a birth certificate showing parentage or a court order establishing guardianship.

# D. What to Expect After Filing

All federal agencies are required to respond to a FOIA request within 20 business days, excluding Saturdays, Sundays, and legal holidays. This period does not begin until the request is actually received by the FOIA office that maintains the records you are requesting. Please note that an agency is not required to send the actual documents by the last business day; it can send you a letter informing you of its decision and then send out the documents within a reasonable time after informing you of the decision on your request.

Under FOIA, agencies may extend response time for an additional ten business days when: (1) the office needs to collect responsive records from field offices; (2) the request involves a "voluminous" amount of records which must be located, compiled and reviewed; or (3) the office must consult with another agency which has a substantial interest in the responsive material or among two or more other offices. When a time extension is needed, the office may notify you of this in writing and offer you the opportunity to modify or limit your request. Alternatively, you may agree to a different timetable for the processing of your request. Sometimes it will take significantly longer than 20 business days to receive a response.

# **II.** WHERE AND HOW TO FILE YOUR FOIA OR PA REQUEST WITH THE U.S. DEPARTMENT OF HOMELAND SECURITY (DHS)

If you are requesting information from DHS Citizenship and Immigration Services (USCIS) or any other DHS sub-agency such as Customs and Border Protection (CBP), or Immigration and Customs Enforcement (ICE) it is recommended that you use **Form G-639 Freedom of Information/Privacy Act Request.** A copy of the form with instructions is included at **Appendix A**.

# A. Filing a FOIA/ PA Request with Immigration and Customs Enforcement (ICE)

What information can I request from ICE?

- Records on noncitizens or detainees
- Information pertaining to human trafficking or smuggling
- Information pertaining to gangs
- Information pertaining to arrest reports or other records pertaining to ICE investigations
- Information pertaining to detention facilities
- Information pertaining to ICE contracts
- Statistics on specific detention and removal facilities

## How do I file a FOIA request with ICE?

- 1. The request must be in writing, including a daytime phone number so that the FOIA Office may contact you.
- 2. Provide as much information as possible on the subject matter; this will help speed up the search process. **USCIS Form G-639** *may* be used to file a request. Instructions and a sample form are attached at **Appendix A**.
- 3. <u>For a PA request</u>: you **MUST** mark the request "Privacy Act" and include information to verify your identity, including your full name, your current address, and your date and place of birth. To facilitate the identification and retrieval of requested records, requests should also contain your social security number (SSN) and/or alien number (A #) or employee identification number (EIN).
- 4. For a FOIA or PA request: you must include an "AFFIRMATION/DECLARATION" form (attached at Appendix B) indicating your name, date of birth, name and address of the person you want your records disclosed to (only if you do not want the records sent to you personally). If you are in detention, it is recommended that you request that your FOIA records be sent to a third party since records are frequently released as a CD. Most detention facilities will not accept a CD through the mail.

By signing the Affirmation/ Declaration form, you indicate that you understand that knowingly or willingly seeking or obtaining access to records about another person making false statements and/or without their consent is punishable by a fine of up to \$5,000.

5. Mail your request to:

U.S. Immigration and Customs Enforcement Freedom of Information Act Office 500 Twelfth Street, SW Stop 5009 Washington, DC 20536-5009

6. Requests can also be sent by fax to (202) 732-0660, or emailed to ICE-FOIA@dhs.gov.

Who can I contact regarding my request?

- You can call: (202) 732-0600 or (866) 633-1182
- Questions may be emailed to ICE-FOIA@dhs.gov.

**PLEASE NOTE**: A request includes an agreement to pay any applicable fees that may be charged up to \$25 without notice. Most requests do not require any fees; however, if fees exceed \$25, the ICE FOIA Office will notify you before incurring the expense.

# B. Filing a FOIA/PA Request with U.S. Citizenship and Immigration Services (USCIS)

What information can I request from USCIS?

- Copy of your Alien file (A File), including all prior applications and filings, as well as records pertaining to your immigration detention
- Asylum application files
- Genealogy records (immigration records related to your family history, for example naturalization certificate files)
- Certification of a nonexistence of a record

## How do I file a request with USCIS?

- 1. For USCIS requests, it is *suggested* that you use the USCIS Form G-639 (attached at Appendix A).
- 2. Include as much identifying information as possible, such as your full name, Alien registration number, place of birth, date of birth, name of one parent.
- You must include an "AFFIRMATION/DECLARATION" form (attached at Appendix B) indicating your name, date of birth, name and address of the person you want your records disclosed to (only if you do not want the records sent to you personally). You must sign the request.

By signing the Affirmation/Declaration form, you indicate that you understand that knowingly or willingly seeking or obtaining access to records about another person making false statements and/or without their consent is punishable by a fine of up to \$5,000.

- 4. <u>Multi-track processing</u>: USCIS uses a three-track processing system.
  - a. <u>Track 1</u> is for less complex cases where only one or a few specific documents from the file are requested.
  - b. <u>Track 2</u> is for more complex cases such as complete files.
  - c. <u>Track 3</u> is an accelerated track for cases involving individuals whose cases are before an immigration judge. In order to receive Track 3 priority processing, you must include one of the following documents with the FOIA request:
    - Form I-862, Notice to Appeal, documenting a future scheduled date of the subject's hearing before the immigration judge; or
    - Form I-122, Order to Show Cause, documenting a future scheduled date of the subject's hearing before the immigration judge; or
    - Form I-863, Notice of referral to Immigration Judge; or
    - A written notice of continuation of a future scheduled hearing before the immigration judge.
- 5. Mail your FOIA/PA request to the following locations, based on the type of record you are seeking:

#### For a Copy of Your Alien File (A File):

U.S. Citizenship and Immigration Services National Records Center, FOIA/PA Office P. O. Box 648010 Lee's Summit, MO 64064-8010 Or submit via email: uscis.foia@dhs.gov

#### For Certification of Nonexistence of a Record:

U.S. Citizenship and Immigration Services ATTN: Records Service Branch 1200 First Street, NE, 2<sup>nd</sup> Floor Washington, DC 20529-2204

#### Who can I contact regarding my request?

The National Customer Service Unit operates a call center to answer questions about filing a request, provide status updates of pending requests, and otherwise provide assistance in obtaining records from USCIS. The phone number to reach a call center representative is 1-800-375-5283. You may also fax inquiries to the National Records Center at (816) 350-5785, or email your questions to uscis.foia@dhs.gov.

# C. Filing a FOIA/ PA Request with U.S. Customs and Border Protection (CBP)

## What information can I request from CBP?

- Records regarding Border Patrol operations, activities and interactions
- Documents associated with traveling to and from the U.S., secondary searches or other travel-related issues (*see DHS TRIP section below*)

## How do I file a request with CBP?

- 1. There is no specific form required by CBP. Verify that CBP has the record you would like to request and prepare a clearly written, either handwritten or typed, request including the following information:
  - Name
  - Date of birth/Dates of birth you may have used
  - Address
  - Consent (if a third party is submitting the request)
  - Parental consent (if you are a minor)
  - Sworn declaration under penalty of perjury or notarized affidavit of identity
  - Death certificate, news article, or obituary (if you are requesting information of a deceased person)
  - Phone number
- 2. If possible, please include a daytime phone number with your submission so that CBP may contact you. Also, include your email address if available, so that CBP may send an acknowledgement letter via email.
- 3. Note that if you are in detention, it is recommended that you ask that your records be sent to a third party since CBP may release your records on a CD. Many detention facilities will not accept a CD in the mail.
- 4. In the body of your request, please provide as much information as possible on the subject matter; this will help expedite the search process. Be as specific as possible with regard to names, dates, places, events, and subjects. Describe the individuals involved; if you do not know names, give physical descriptions.
- 5. In order to protect your privacy, whenever you request information about yourself, you are required to provide either a **notarized statement** or a **statement signed under penalty of perjury** (criminal consequences for lying) stating that you are the person that you claim to be. You may use the "Affirmation/Declaration" form attached at Appendix B.

6. Mail your request to:

U.S. Customs and Border Protection FOIA Division 799 9th Street NW, Mint Annex Washington, DC 20229-1181

Who can I contact regarding my request?

You can call the CBP FOIA office at (202) 325-0150.

# D. Filing a Complaint with the Department of Homeland Security Travel Redress Inquiry Program (DHS TRIP)

It is important to understand the distinction between filing a request for records under FOIA and *filing a complaint about travel-related issues or experiences* with DHS TRIP.

Travel-related issues with the Department of Homeland Security (DHS) and/or CBP, such as the following examples, should be addressed to DHS TRIP:

- You feel that you were discriminated against by an officer of the Federal government OR an officer of the Department of Homeland Security based on race, disability, religion, gender, ethnicity or national origin.
- You believe the U.S. Government's record of your personal information is inaccurate or has been misused.
- You believe you were unfairly detained during your travel experience or unfairly denied entry into the United States.
- You were not able to print a boarding pass from an airline ticketing kiosk or from the internet as a result of some type action taken by the Department of Homeland Security.
- You were denied or delayed boarding.
- A ticket agent "called someone" before handing you a boarding pass.
- You were told one of the following:
  - Your fingerprints were incorrect or of poor quality.
  - Your photo did not match the travel document.
  - Your personal information was incomplete or inaccurate.
  - You are on the "No Fly List."
- You want to:
  - Amend a traveler record because of an overstay as a result of not submitting the required I-94 when exiting the U.S.
  - Ensure your biometric record created in US-VISIT is removed from DHS systems.

## How do I file a complaint with DHS TRIP?

- 1. Complete the **DHS TRIP Traveler Inquiry Form** (4 pages), attached at **Appendix C**. Prepare your identity documents to include with your inquiry.
- 2. You may file a complaint online; the form(s) can be found at http://www.dhs.gov/trip. It takes just a few moments to complete the screens and submit your complaint.
- 3. After filing the form, you will be asked to mail supporting documentation within 30 days. You are encouraged to submit your additional documentation before the 30-day deadline to speed processing your request.

- 4. In order to make a request on behalf of another person, you must complete the **DHS TRIP Authorization to Release Information to Another Person** (1 page), attached at **Appendix D.**
- 5. Mail the completed form and copies of identity documents to:

DHS Traveler Redress Inquiry Program (TRIP) 601 S. 12th Street, TSA-901 Arlington, VA 20598-6901

As an alternative, you can email the completed form and copies of identity documents to TRIP@dhs.gov.

# A. Filing a Request with Internal Revenue Service (IRS)

What information can I request from the IRS?

You can request specific taxpayer records, including:

- Tax return information
- Examination files

# How do I file a FOIA request with IRS?

- 1. Identify the IRS office that is most likely to have the records you are looking for. The IRS has Disclosure Offices located across the nation that process FOIA requests for IRS records. These requests should be addressed to the office which has jurisdiction over the records sought. A list of IRS Disclosure Offices is attached at **Appendix E**, and can also be accessed at http://www.irs.ustreas.gov/foia/index.html.
- 2. The FOIA request must be in writing and signed by the person making the request (stamped signatures are not acceptable).
- 3. In the letter making the request, state that the request is being made under FOIA. Identify the records that are being sought as specifically as possible. If a particular document is required, it should be identified precisely, preferably by date and title, for example "Examination File for tax year 1999."
- 4. If you cannot name a specific record, then you should clearly explain your needs, and an IRS Disclosure Officer can help to identify a specific document that contains the information you are trying to find.
- 5. Include your name and address, along with a copy of your driver's license or a notarized statement swearing to your identity. You may also want to include your daytime phone number where an IRS Disclosure Manager or caseworker can contact you.
- 6. Your letter to the IRS must include an agreement to pay any fees which apply. The letter must state what category of requester you are, so the IRS Disclosure Officer can properly determine any applicable fees. The categories of requesters are:
  - <u>Commercial use requester</u>: affiliated with a private corporation requesting information for the company's business.
  - <u>Media requester</u>: a representative of the news media affiliated with a newspaper, magazine, television station, etc. requesting information for newsgathering and not for commercial use.

- <u>Educational institution or non-commercial scientific institution requester</u>: affiliated with an educational or noncommercial scientific institution requesting for a scholarly or scientific purpose and not for commercial use.
- <u>If submitting for your own records, "Other" requester</u>: seeking information for noncommercial or personal use.
- 7. **PLEASE NOTE**: You may be required to submit proof of identity, depending on the nature of the records you are requesting.
- 8. Mail your request to the **appropriate IRS Disclosure Office**. You can find a list of IRS Disclosure Offices attached at Appendix E.
- 9. A sample FOIA Request Letter to the IRS is included at Appendix F.

# B. Filing a Request with the Executive Office for Immigration Review (EOIR)

If you would like to obtain a copy of the Immigration Court's record, including a transcript in your case, you may be able to obtain this information by submitting a FOIA request to EOIR.

**PLEASE NOTE**: The Executive Office for Immigration Review (EOIR) is **NOT** part of the Department of Homeland Security. Requests regarding applications filed with DHS should not be made with EOIR and DHS forms should not be used to request records from EOIR. EOIR's FOIA Service Center is centralized and all requests for records from immigration courts must be filed at the FOIA Service Center. Requests filed with a local immigration court are not properly filed with EOIR.

For a text of applicable DOJ FOIA rules, consult the <u>DOJ FOIA Reference Guide</u>, available upon request.

## How do I file a request with EOIR?

Records are disclosed upon receipt of a written request (preferably accompanied with a completed form **DOJ-361 Certification of Identity**, attached at **Appendix G**). Requests should thoroughly describe the records sought and include identifying information such as full name and A number (if known). If the A number is not known, or the case occurred before 1988, please give date of Order to Show Cause, country of origin, and the location of the immigration hearing. To file a FOIA request, send a letter to:

Office of General Counsel ATTN: FOIA Service Center Executive Office for Immigration Review 5107 Leesburg Pike, Suite 1903 Falls Church, VA 22041 (703)-605-1297

The letter should be on letterhead, if filed by an attorney, and be signed.

If you would like to request a copy of the tape of the proceedings, you must specifically mention this in your FOIA request. Many detention centers will not accept a tape in the mail, so you may want to request that your records be sent to a third party.

When a third-party requests information that is not public information, the original signature of the noncitizen is required for release of documents. Information is withheld when disclosure would constitute a clearly unwarranted invasion of personal privacy.

Except for commercial requesters, there is no charge for the first 100 pages of copies and 2 hours of search time. After the first 100 pages, a fee of \$.10 per page is charged. Search fees are charged per quarter hour; \$4.00 (clerical), \$7.00 (professional/computer operator), and \$10.25 (managerial). Fees must exceed \$14.00 before a fee is charged. Requests are deemed to constitute an agreement

to pay any applicable fees that may be chargeable up to \$25 without notice. Most requests do not require any fees; however, if fees exceed \$25.00, EOIR will notify you prior to completion of the request. EOIR will only release the records if you agree to pay the fees.

The period for determining whether to comply with a request is 20 working days (Monday-Friday), and may be extended to 30 working days when there is a need to search and collect information from a field office, or search and collect large records or when there is a need for consultation within the agency or among two or more agencies. 5 U.S.C. § 552(a)(6)(A)(i).

FOIA does not require agencies to do legal research, or provide documents that are published and offered for sale, or available on the Internet.

<u>Expedited requests</u> must show a compelling need such as: (1) immediate threat to the life or physical safety of an individual; (2) an urgency to inform the public concerning actual or alleged Federal Government activity if the request is made by a person primarily engaged in distributing information; (3) loss of substantial due process rights; or (4) a matter of widespread and exceptional media interest in which there exist possible questions about the government's integrity which affect public confidence.

To follow up on the status of a FOIA request, contact the EOIR Office of General Counsel at (703) 605-1297. Additional information on FOIA procedures can be found in the DOJ FOIA Reference Guide, available at http://www.justice.gov/eoir/mainfoia.html.

<u>Appeals</u> must be sent within 60 days of receipt of a FOIA response by the Executive Office of Immigration Review, to:

Office of Information Policy (OIP) United States Department of Justice 1425 New York Avenue, NW Suite 11050 Washington, DC 20530-0001

Please note that this address is for appeals of FOIA/ PA requests only.

# C. Filing a FOIA Request for Federal Criminal Records

Federal criminal records are in the custody of the Federal Bureau of Investigation (FBI); the FBI Criminal Justice Information Services (CJIS) processes record requests.

## What information can I request from the FBI?

Criminal Identification Records or Criminal Histories, commonly known as "rap sheets," contain conviction and, often, arrest information on a specific individual.

The person who is the subject of an FBI Identification Record, or criminal history record, may obtain a copy of his or her own Record for review or to challenge information on the Record. **Only the subject (person involved) can request a copy of his or her own Record.** 

#### How do I file a FOIA request with FBI?

1. Complete the **FBI Form I-783, Applicant Information Form**, attached at **Appendix H**. Include your complete mailing address, telephone number, and/or email address, if available. If you have a deadline (for example, an immigration deadline), include the deadline in your application and on the outside of the envelope.

All persons involved in the request must sign the form, for example both members of a married couple must sign if requesting their files.

2. Obtain proof of identity, which consists of a set of your fingerprints (original card; no copies), with your name, date of birth and place of birth. Fingerprints should be placed on a standard fingerprint form (FD-258) commonly used for applicant or law enforcement purposes.

Include rolled impressions of all ten fingerprints and impressions of all ten fingerprints taken simultaneously (referred to as plain or flat impressions). If possible, have your fingerprints taken by a fingerprinting technician (available at a Law Enforcement Agency or police station). Fingerprints taken by untrained individuals will likely be rejected as unreadable.

PLEASE NOTE: Previously processed fingerprint cards will <u>not</u> be accepted.

3. Include \$18 U.S. dollars in the form of money order or certified check made payable to the "Treasury of the United States." You may pay by credit card using this form: http://www.fbi.gov/about-us/cjis/background-checks/credit-card-payment-form/view

## **NOTES:**

- Be sure to sign where required.
- No personal checks or cash will be accepted.
- You must pay the exact amount.
- Include \$18 for each person, if for a couple (\$36), family (\$18 for each individual).

- If paying by credit card, you must include the completed credit card payment form (the web address for the form is above).
- Credit cards cannot be used for expedited mail services.
- 4. Mail all items to the following address:

Federal Bureau of Investigation CJIS Division Attention: Record Request 1000 Custer Hollow Road Clarksburg, WV 26306

# D. Filing a FOIA Request for State Criminal Records

The FBI does not maintain records of state and local criminal investigations and records of crimes that are not under federal jurisdiction. To request your record for state police criminal convictions, contact the following office in your state:

#### Alabama

Alabama Bureau of Investigation Department of Public Safety 301 South Ripley Street Montgomery, AL 36104-1511 (334) 353-1100

Or mailing address: Alabama Bureau of Investigation Department of Public Safety P.O. Box 1511 Montgomery, AL 36102-1511

#### Alaska

Criminal Records and Identification Bureau Department of Public Safety 5700 East Tudor Road Anchorage, AK 99507-1225 (907) 269-5767

#### Arizona

Records and Identification Bureau Arizona Department of Public Safety Post Office Box 6638, Mail Drop 2050 Phoenix, AZ 85005-6638 (602) 223-2222

#### Arkansas

State Identification Bureau Arkansas State Police One State Police Plaza Drive Little Rock, AR 72209 (501) 618-8500

#### California

Bureau of Criminal Information and Analysis California Department of Justice Room G-118 4949 Broadway Sacramento, CA 95820-1528 (916) 227-3849

#### Colorado

Colorado Bureau of Investigation 690 Kipling Street, Suite 3000 Lakewood, CO 80215-8001 (303) 239-4208

#### Connecticut

Criminal Justice Information Systems Department of Public Safety 1111 Country Club Road P.O. Box 2794 Middletown, CT 06457-9294 (860) 685-8480

Department of Emergency Services and Public Protection State Police Bureau of Identification 1111 Country Club Road Middletown, CT 06457

## Delaware (three different addresses to three counties in Delaware: Sussex, Kent & New Castle, the address below is for the Main Headquarters)

Delaware State Bureau of Identification 1441 North Dupont Highway Post Office Box 430 Dover, DE 19903-0430 (302) 739-5871

#### **District of Columbia**

Metropolitan Police Department Public Documents Unit ATTN: Accident/Incident Reports 300 Indiana Avenue NW, Room 3075 Washington, DC 20001 (202) 727-4357

#### Florida

Criminal Justice Information Services Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, FL 32302-1489 (850) 410-8109

#### Georgia

Georgia Crime Information Center Georgia Bureau of Investigation Post Office Box 370808 Decatur, GA 30037-0808 (404) 244-2639

#### Hawaii

Hawaii Criminal Justice Data Center Attn: CHRC Unit 465 South King Street, Room 102 Honolulu, HI 96813-2911 (808) 587-3110

#### Idaho

Bureau of Criminal Identification 700 South Stratford Drive, Suite 120 Meridian, ID 83642-6202 (208) 884-713

#### Illinois

Bureau of Identification Illinois State Police 260 North Chicago Street Joliet, IL 60431-1060 (815) 740-5160

#### Indiana

Indiana State Police 100 North Senate Avenue, RM# N302 Indianapolis, IN 46204-2259 (317) 233-5424

#### Iowa

Iowa Division of Criminal Investigation 215 East 7th Street Des Moines, IA 50319 (517) 725-6066

#### Kansas

Kansas Bureau of Investigation Attn: Criminal History Records Section 1620 Southwest Tyler Street Topeka, KS 66612-1837 (785) 296-8200

#### Kentucky

Kentucky State Police Headquarters 919 Versailles Road Frankfort, KY 40601 (502) 782-1800

### Louisiana

Louisiana State Police Department of Public Safety Post Office Box 66614, Mail Slip A-6 Baton Rouge, LA 70896-6614 (225) 925-6095

#### Maine

Maine State Police State Bureau of Identification State House Station #42 Augusta, ME 04333-0042 (207) 624-7240

#### Maryland

Department of Public Safety & Correctional Services Post Office Box 32708 Pikesville, MD 21282-2708 (888) 795-0011

#### Massachusetts

Massachusetts State Police 59 Horse Pond Road Sudbury, MA 01776 (508) 358-3170

#### Michigan

Michigan State Police 333 South Grand Avenue Post Office Box 30634 Lansing, MI 48909-0634 (517) 241-0606

#### Minnesota

Minnesota Department of Public Safety 1430 Maryland Avenue East Saint Paul, MN 55106 (651) 793-7000

#### Mississippi

Mississippi Department of Public Safety Post Office Box 958 Jackson, MS 39205-0958 (601) 933-2600

#### Missouri

Missouri State Highway Patrol 1510 East Elm Street Post Office Box 568 Jefferson City, MO 65102-9500 (573) 526-6153

#### Montana

Montana Department of Justice 303 North Roberts Street, Room 460 Post Office Box 201403 Helena, MT 59620-1403 (406) 444-3625

#### Nebraska

Nebraska State Patrol Post Office Box 94907 State House Station Lincoln, NE 68509-4907 (402) 471-4545

#### Nevada

Nevada Department of Public Safety Suite 100 333 West Nye Lane Carson City, NV 89703 (775) 684-6262

#### **New Hampshire**

New Hampshire State Police New Hampshire Department of Safety 33 Hazen Drive Concord, NH 03305 (603) 271-2538

#### **New Jersey**

New Jersey State Police Post Office Box 7068 West Trenton, NJ 08628-0068 (609) 882-2000

#### New Mexico

Law Enforcement Records Bureau Department of Public Safety Post Office Box 1628 Santa Fe, NM 87504-1628 (505) 827-9192

#### **New York**

New York State Division of Criminal Justice Services 4 Tower Place Albany, NY 12203-3702 (800) 262-3257

### North Carolina

State Bureau of Investigation North Carolina Department of Justice Post Office Box 29500 Raleigh, NC 27626-0500 (919) 662-4509

#### North Dakota

Bureau of Criminal Investigation 4205 State Street Post Office Box 1054 Bismarck, ND 58502-1054 (701) 328-5500

#### Ohio

Bureau of Criminal Identification and Investigation 1560 State Route 56 SW Post Office Box 365 London, OH 43140-0365 (740) 845-2000

#### Oklahoma

Criminal Identification Section Oklahoma State Bureau of Investigation 6600 North Harvey Oklahoma City, OK 73116-7910 (405) 848-6724

#### Oregon

Identification Services Section Oregon State Police 3772 Portland Road, Northeast Salem, OR 97301 (503) 378-3070

#### Pennsylvania

Bureau of Records & Identification Pennsylvania State Police 1800 Elmerton Avenue Harrisburg, PA 17110 (717) 783-5593

#### **Rhode Island**

Bureau of Criminal Identification Department of Attorney General 150 South Main Street Providence, RI 02903-2836 (401) 274-4400, Ext. 2107

#### South Carolina

South Carolina Law Enforcement Division 4400 Broad River Road Post Office Box 21398 Columbia, SC 29221-4012 (803) 896-7005

#### South Dakota

South Dakota Division of Criminal Investigation 1302 East Highway 14, Suite 5 Pierre, SD 57501-5070 (605) 773-3331

#### Tennessee

Records and Identification Records Section Tennessee Bureau of Investigation 901 RS Gass Boulevard Nashville, TN 37216-2639 (615) 744-4000

#### Texas

Texas Department of Public Safety 5805 North Lamar Boulevard Post Office Box 4143 Austin, TX 78765-4143 (512) 424-2000

#### Utah

Utah Bureau of Criminal Identification 3888 West 5400 South Salt Lake City, UT 84129 (801) 965-4445

#### Vermont

Vermont Criminal Information Center 103 South Main Street Waterbury, VT 05671-2101 (802) 241-5225

#### Virginia

Criminal Justice Information Services Division Virginia State Police Post Office Box 27472 Richmond, VA 23261-7472 (804) 674-2000

#### Washington

Criminal Records Division Washington State Patrol Post Office Box 42633 Olympia, WA 98504-2619 (360) 534-2000

#### West Virginia

Criminal Records Section West Virginia State Police 725 Jefferson Road South Charleston, WV 25309-1698 (304) 746-2177

#### Wisconsin

Wisconsin Department of Justice Division of Law Enforcement Services 17 West Main Street Post Office Box 2718 Madison, WI 53701-2718 (608) 266-7314

#### Wyoming

Criminal Justice Information Section Wyoming Division of Criminal Investigation Rogers Building 316 West 22nd Street Cheyenne, WY 82002 (307) 777-7181

#### **Puerto Rico**

Technical Services Bureau Police of Puerto Rico G.P.O. Box 70166 San Juan, PR 00936 (787) 793-1234

#### **U.S. Virgin Islands**

National Criminal History Improvement Program Law Enforcement Planning Commission 8172 Sub Base, Suite #3 Saint Thomas, VI 00802-5803 (340) 774-6400 Ext. 212

### Guam

Deputy Chief Marshal Guam Judicial Center 120 West O'Brien Drive Hagatna, GU 96910 (671) 475-331

# E. Other Resources

Other general sources of information about how to make a FOIA request include:

- "Your Right to Federal Records," available for 50¢ from the Federal Consumer Information Center (FCIC), Department 320JJ, Pueblo, CO 81009 or by calling 1-888-8-PUEBLO or 1-88-878-3256. The publication can also be accessed on the FCIC website: <a href="http://www.pueblo.gsa.gov/cic\_text/fed\_prog/foia/foia.htm">http://www.pueblo.gsa.gov/cic\_text/fed\_prog/foia/foia.htm</a>.
- "A Citizen's Guide on Using the Freedom of Information Act and the Privacy Act of 1974 to Request Government Records." The report is published by the Committee on Government Reform of the House of Representatives. It is available from the U.S. Government Printing Office, stock number 052-071-01287-7. It also can be accessed online: http://commdocs.house.gov/committees/gro/hgo55140.000/hgo55140\_0.HTM.

# **IV. APPENDICES**

# APPENDIX A

USCIS Form G-639, Freedom of Information/Privacy Act Request with Instructions

APPENDIX B ICE Affirmation/Declaration Form

**APPENDIX C** DHS Form 591, TRIP Traveler Inquiry Form

**APPENDIX D** DHS Form 590, Authorization To Release Information To Another Person

**APPENDIX E** List of IRS Disclosure Offices (prepared by the IRS)

**APPENDIX F** Sample FOIA Request Letter (prepared by the IRS)

**APPENDIX G** Form DOJ-361, Certification of Identity

**APPENDIX H** FBI Form 1-783, Applicant Information Form



USCIS Form G-639, Freedom of Information/Privacy Act Request with Instructions



# **Freedom of Information/Privacy Act Request**

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

USCIS Form G-639 OMB No. 1615-0102 Expires 04/30/2020

**NOTE:** Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act.

## ► START HERE - Type or print in black ink.

Part 1. Type of Request

#### Select only one box.

**NOTE:** If you are filing this request on behalf of another individual, respond as it would apply to that individual.

Freedom of Information Act (FOIA)/Privacy Act (PA) 1.a.

Amendment of Record (PA only) 1.b.

## Part 2. Requestor Information

1. Are you the Subject of Record for this request?

> Yes No

If you answered "No" to Item Number 1., provide the information requested in Part 2. If you answered "Yes" to Item Number 1., skip to Part 3.

## **Requestor's Full Name**

2.a.	Family Name (Last Name)	
2.b.	Given Name (First Name)	
2.c.	Middle Name	

# **Requestor's Mailing Address**

3.a.	In Care Of Name (if any)	
3.b.	Street Number and Name	
3.c.	Apt. Ste. Flr.	
3.d.	City or Town	
3.e.	State 3.f. ZIP Code	
3.g.	Province	
3.h.	Postal Code	
3.i.	Country	

## **Requestor's Contact Information**

- 4. Requestor's Daytime Telephone Number
- 5. Requestor's Mobile Telephone Number (if any)
- 6. Requestor's Email Address (if any)

# **Requestor's Certification**

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See Form G-639 Instructions for more information.)

7.a. Requestor's Signature

➡		
7.b.	Date of Signature (mm/dd/yyyy)	

## Part 3. Description of Records Requested

NOTE: While you are not required to respond to every item in Part 3., failure to provide complete and specific information may delay processing of your request or create an inability for U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested.

1. Purpose (Optional: You are not required to state the purpose of your request. However, providing this information may assist USCIS in locating the records needed to respond to your request.)

## Full Name of the Subject of Record

2.a.	Family Name (Last Name)	
2.b.	Given Name (First Name)	
2.c.	Middle Name	

# **Part 3. Description of Records Requested** (continued)

# Other Names Used by the Subject of Record (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 5.** Additional Information.

3.a.	Family Name (Last Name)	
3.b.	Given Name (First Name)	
3.c.	Middle Name	

# Full Name of the Subject of Record at Time of Entry into the United States

<b>4.a.</b>	Family Name (Last Name)	
4.b.	Given Name (First Name)	
4.c.	Middle Name	

# Other Information About the Subject of Record

5.	Form I-94 Number Arrival-Departure Record
6.	Alien Registration Number (A-Number) (if any)
	► A-
7.	USCIS Online Account Number (if any)
8.	Application, Petition, or Request Receipt Number

# Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.** 

#### Family Member 1

9.a.	Family Name (Last Name)
9.b.	Given Name (First Name)
9.c.	Middle Name
10.	Relationship

#### Family Member 2

11 <b>.</b> a.	Family Name (Last Name)	
11.b.	Given Name (First Name)	
11.c.	Middle Name	
12.	Relationship	

## Parents' Names for the Subject of Record

#### Father

13.a.	Family Name (Last Name)	
13.b.	Given Name (First Name)	
13.c.	Middle Name	

#### Mother

14.a.	Family Name (Last Name)	
14.b.	Given Name (First Name)	
14.c.	Middle Name	

14.d. Maiden Name (if applicable)

#### 15. Description of Records Sought.

Provide a description of the records you are seeking. If you need additional space, use the space provided in **Part 5. Additional Information**.

# Part 4. Verification of Identity and Subject of Record Consent

**NOTE:** Complete all applicable **Item Numbers**. In addition, the Subject of Record **MUST** sign **Part 4.** of this request.

#### Full Name of the Subject of Record

**1.a.** Family Name (Last Name)

**1.b.** Given Name (First Name)

1.c. Middle Name

# Part 4. Verification of Identity and Subject of Record Consent (continued)

# Mailing Address for the Subject of Record

2.a. 2.b.	In Care Of Name (if any)           Street Number           and Name	Item Nur Number Subject o	The Subject of Record <b>MUST</b> provide a signature in <b>mber 8.a. Notarized Affidavit of Identity OR Item 8.b. Declaration Under Penalty of Perjury</b> . If the f Record is deceased, read <b>Item Number 8.c.</b> <b>I Subject of Record</b> and attach proof of death.			
2.c.	Apt. Ste. Flr.	8.a.	Notarized Affidavit of Identity			
2.d.	City or Town		(Do <b>NOT</b> sign and date below until the notary public provides instructions to you.)			
2.e.	State 2.f. ZIP Code		By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable)			
2.g.	Province		named in <b>Part 2.</b> I also consent to pay all costs incurred for search, duplication, and review of			
2.h.	Postal Code		documents up to <b>\$25</b> (if filing this request for myself).			
2.i.	Country					
			Signature of Subject of Record			
Oth	er Information for the Subject of Record		Date of Signature (mm/dd/yyyy)			
3.	Date of Birth (mm/dd/yyyy)		Subscribed and sworn to before me on this			
4.	Country of Birth		day of in the year			
			Daytime Telephone Number			
Cor	ntact Information for the Subject of Record					
Prov	iding this information is <b>optional</b> .		Signature of Notary			
5.	Daytime Telephone Number					
			My Commission Expires on (mm/dd/yyyy)			
6.	Mobile Telephone Number (if any)	8.b.	Declaration Under Penalty of Perjury			
			By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable)			
7.	Email Address (if any)		named in <b>Part 2.</b> I also consent to pay all costs incurred for search, duplication, and review of documents up to <b>\$25</b> (if filing this request for myself			
			I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and			

Signature of Subject of Record

Signature and Notarized Affidavit or Declaration

of the Subject of Record

Select only one box.

Date of Signature (mm/dd/yyyy)

8.c. Deceased Subject of Record

correct.

(**NOTE:** You **MUST** attach an obituary, death certificate, or other proof of death.)

Part 5. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your request or attach a separate sheet of paper. Type or print the name of the Subject of Record and his or her A-Number (if any) at the top of each sheet; indicate the <b>Page Number, Part Number</b> , and <b>Item Number</b> to which the information refers; and sign and date each sheet.	5.d.					
1.a. Family Name (Last Name)						
1.b. Given Name (First Name)						
1.c. Middle Name						
2. Alien Registration Number (A-Number) (if any) ► A-						
<b>3.a.</b> Page Number <b>3.b.</b> Part Number <b>3.c.</b> Item Number						
3.d.						
	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
	6.d.					
<b>4.a.</b> Page Number <b>4.b.</b> Part Number <b>4.c.</b> Item Number						
4.d.						

3. Subject of Record Consent to Release Info	ormation (Mus	st be signed by the subject o	f record(s)	reques	ted.)	
By my signature, I consent to allow USCIS to relea	-	· · · ·		-	<b>.</b>	
All of my records A portion	of my records (I	f a portion, specify below what	t part, i.e., c	opy of a	ipplication.)	
Print Name of Subject of Record	<u> </u>	Dete (m				
Signature of Subject of Record			m/dd/yyyy)			
Deceased Subject - Proof of death must be	e attached (Obita	uary, Death Certificate, or oth	er proof of a	death re	quired)	
4. Verification of Identity (Required; Fill out of	all that apply.)				×	
Name of Subject of Record (First, Middle, Last)		Daytime Telephone E-mail			Address	
Address (Street Number and Name)					Apt. Number	
City	State			Zip Code		
		6				
Date of Birth (mm/dd/yyyy)	Place of Birth	1				
The Subject of Record must provide a signature u Penalty of Perjury:	under either a N	otarized Affidavit of Identity	y or a Swor	n Decla	ration Under	
Notarized Affidavit of Identity		Data (				
Signature of Subject of Record	day of	Date (mm/dd/yyyy) Telephone No.				
Subscribed and sworn to before me this Signature of Notary	uay 01	day of Telephone No My Commission Expires on				
	OR	<u> </u>	I Explice on			
Sworn Declaration Under Penalty of Perjury	UN ON					
Executed outside the United States		Executed in the United S	States			
If executed outside the United States: "I declare (cert or state) under penalty of perjury under the laws of the States of America that the foregoing is true and corre	If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct."					
Signature of Subject of Record	Signature of Subject of Record					
5. Requester Information				_		
By my signature, I consent to pay all costs incurre Signature of Requester:	ed for search, du	plication and review of mate	erials up to	<b>\$25</b> (Se	e instructions)	
Name of Requester (Fill out if different from the Sur	Daytime Telephone E-mail Address					
Address (Street Number and Name)					Apt. Number	
City	State			Zip Cod	e	

ð,



ICE Affirmation/Declaration Form



<u>PLEASE RETURN TO</u>: Immigration and Customs Enforcement Freedom of Information Act Office 800 North Capitol Street, Suite 585 Washington, DC 20536 Via Facsimile: (202) 732-0310

# AFFIRMATION/DECLARATION

This is to affirm that

I,\_\_\_\_\_

# (PRINT FULL NAME)

request access to records maintained by the U.S. Immigration and Customs Enforcement which pertain to me. My present address is:

my date of birth is: \_\_\_\_\_, and

my place of birth was: \_\_\_\_\_

I understand that any knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

I hereby authorize \_\_\_\_\_

(PRINT FULL NAME)

I request that any located and disclosable records be forwarded to the following individual:

\_\_\_\_\_at the following address:

\_\_\_\_\_access to my records.

(PRINT FULL NAME)

I hereby declare or certify under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_

(DATE)

(SIGNATURE OF AFFIRMANT/DECLARANT)



DHS Form 591, TRIP Traveler Inquiry Form



I. Your Travel Experience										
Thank you for contacting the Department of Homeland Security Traveler Redress Inquiry Program (DHS TRIP). Please check ALL scenarios that describe your travel experience:										
	I am always subjected to additional screening when going through an airport security checkpoint									
	I was denied	I was denied boarding								
	I was unable	I was unable to print a boarding pass at the airport kiosk or at home								
	I am directe	I am directed to the ticket counter every time I fly								
	The airline the	The airline ticket agent stated that I am on a Federal Government Watch List								
	I was detain	I was detained during my travel experience								
	A ticket agent took my identification and called someone before handing me a boarding pass									
	I missed my flight while attempting to obtain a boarding pass									
	I am repeate	edly referred	for secondary	screenin	g when c	learing	U.S. Custom	ns and Border	r Protection	
	I was denied entry into the United States									
	I am a foreign student or exchange visitor who is unable to travel due to my status									
	I was told my fingerprints were incorrect or of poor quality									
	I feel my civil rights have been violated because I was discriminated against on the basis of my race, ethnicity,									
	religion, disability, or gender I feel my civil rights have been violated because my questioning or treatment during screening was abusive or									
	coercive									
	ress	I feel my civil rights have been violated because a search of my person or property violated freedom of speech or press								
	I believe my privacy has been violated because a government agent has exposed or inappropriately shared my personal information									
	I was given an information sheet by a CBP Officer									
	I was told by CBP at a U.S. Port of entry that my fingerprints need to be corrected by US-VISIT									
	Other travel related issue									
II. Pe	rsonal Infor	mation						1		
Full Name:										
		First		M	liddle			Last		
Date of	of Birth:	h: / / Place of Birth:								
		mm/dd/yyyy City or Town/Province/Country								
Sex:	Male Female	Height: Weight: Hair Color:					Eye Color:			
III. C	ontact Infor	mation				_				
Mailing Address:										
			Street or PO Box				Apt No.			
			City or Town State or Province			Zit	Zip or Postal Code Country			
Dl.	1 1 1	· · · · · · · · · · · · · · · · · · ·								
Physical Address (if different): Street Apt No.										
Home	e Telephone:		City or Town	or Town			<i>Province</i> k Telephone		Zip or Postal Code Country	
	il Address:					1	r	1		



IV. Additional Information (if applicable)					
Date o	Entry into U.S.:( <i>mm/dd/yyyy</i> ) / /		Name of Airline or Ship:		
Port of	f Entry into U.S.:		Flight or Cruise Number:		
Depar	eparture Date from U.S.: / /		Other Names Used:		
	ort of Departure:		Name at Entry into U.S.:		
0.5.1	ort of Departure.				
_	quired Documentation and				
<ul> <li>U.S. citizens: Please provide a legible, unexpired copy of a U.S. passport. If you do not have a U.S. passport, please provide at least one legible, unexpired copy of a government-issued identification document from the list below, preferably a photo ID. For minors (individuals under the age of 18), a copy of a certified birth certificate is the only identity document required.</li> <li>Non-U.S. citizens: Please provide legible, unexpired copies of the biographical pages of your passport/travel document, and/or copies of any U.S. government-issued travel documents.</li> </ul>					
Check	<b>Documentation</b>	nt(s) you are submitting with t	Information		
	Documentation	Registration No.:			
	Passport				
		Country of Issuance	3.		
	Passport Card	Number:			
		Place of Issuance:			
	Driver's License	License No.			
	Dirver s License	State of Issuance:			
	Birth Certificate	Registration No.			
	Dirtir Certineate	Place of Issuance:			
	Military Identification Card	Number:			
	•	Check one: A Number:	Air Force Army Marines Navy Coast Guard		
	Government Identification (	ard	Federal State Local		
	Certificate of Citizenship	Number:			
	Certificate of Citizenship	Place of Issuance:			
	Naturalization Certificate	Number:			
		State of Issuance Date: ( <i>mm/dd/yyyy</i> )			
	Immigrant/Non-immigrant				
	0 0	Number:			
	Alien Registration	Date: (mm/dd/yyyy)	/ /		
	Petition or Claim Receipt	Number:			
	_	Date: (mm/dd/yyyy)			
I-94 Admission		Numper.			
	I-94 Admission	Number: Date: ( <i>mm/dd/yyyy</i> )	/ /		
	I-94 Admission FAST	Date: (mm/dd/yyyy)			



# **Traveler Inquiry Form**

	NEXUS	Number:				
	NEAUS	Date: (mm/dd/yyyy)	/	/		
	Border Crossing Card	Number:				
	Border Crossing Card	Date: (mm/dd/yyyy)	/	/		
	SEVIS	Number:				
	5E V 15	Date: (mm/dd/yyyy)	/	/		
VI. Ir	ncident Details					
Please	briefly describe your travel experience	2:				
VII. A	Acknowledgement					
The information I have provided on this application is true, complete, and correct to the best of my knowledge and is provided in good						
faith. I understand that knowingly and willfully making any materially false statement, or omission of a material fact, on this						
application can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code).						
I understand the above information and am voluntarily submitting this information to the Department of Homeland Security.						
Deter	E-11 N			Signature		
Date:	Full Name:			Signature:		

**PAPERWORK REDUCTION ACT STATEMENT:** Through this information collection, DHS is gathering information about you to conduct redress procedures, as an individual who believes he or she has been (1) denied or delayed boarding, (2) denied or delayed entry into or departure from the United States as a port of entry, or (3) identified for additional screening at our Nation's transportation hubs, including airports, seaports, train stations and land borders. The public burden for this collection of information is estimated to be five minutes. This is a voluntary collection of information. If you have any comments on this form, you may contact the Transportation Security Administration, Office of Transportation Security Redress, TSA-901, 601 South 12<sup>th</sup> Street, Arlington, VA 20598-6901. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0044.

**PRIVACY ACT NOTICE AUTHORITY:** Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004 authorizes DHS to take security measures to protect travel, and under Subtitle B, Section 4012(1)(G), the Act directs DHS to provide appeal and correction opportunities for travelers whose information may be incorrect. Principal Purposes: DHS will use this information in order to assist you with seeking redress in connection with travel. Routine Uses: DHS will use and disclose this information to appropriate governmental agencies to verify your identity, distinguish your identity from that of another individual, such as someone included on a watch list, and/or address your redress request. Additionally, limited information may be shared with non-governmental entities, such as air carriers, where necessary for the sole purpose of carrying out your redress request. Disclosure: Furnishing this information is voluntary; however, the Department of Homeland Security may not be able to process your redress inquiry without the information requested.



# **Traveler Inquiry Form**

Please mail or e-mail your completed Traveler Inquiry Form and copies of identity documents to the Department of Homeland Security.

### **Mailing Instructions**

Please mail the completed form and copies of identity documents to:

DHS Traveler Redress Inquiry Program (TRIP) 601 South 12th Street, TSA-901 Arlington, VA 20598-6901

### **E-mailing Instructions**

Please e-mail the completed form and copies of identity documents to:

TRIP@dhs.gov



DHS Form 590, Authorization To Release Information To Another Person

## DEPARTMENT OF HOMELAND SECURITY AUTHORIZATION TO RELEASE INFORMATION TO ANOTHER PERSON

element to disclose your per	sonal information to anot nd processing of your re	of Homeland Security (DHS) or its ther person. You are asked to pro- equest. Without your information [ quest.	vide your information only to
SECTION I. Personal Inform	ation	18	
Name			
Address			5 B. F.
City		State	Zip Code
Country		Telephone Number(s)	5
Date of Birth	Place of Birth (city, state, country)		
SECTION II. Representative Information			
Name			
Address	He and the second se		
City		State	Zip Code
Country		Telephone Number(s)	5.

Pursuant to the Privacy Act of 1974 (5 U.S.C. §552a(b)), I authorize DHS and/or its DHS Component elements to release any and all information relating to my redress request to my representative .

Pursuant to 28 U.S.C. §1746, 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 in Section I. I understand that falsification of this statement is punishable under the provisions of 18 U.S.C. §1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both.

Signature \_

Date

#### PRIVACY ACT STATEMENT:

**AUTHORITY:** Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004 authorizes DHS to take security measures to protect travel, and under Subtitle B, Section 4012(1)(G), the Act directs DHS to provide appeal and correction opportunities for travelers whose information may be incorrect.

**PRINCIPAL PURPOSE(S):** DHS will use this information in order to assist you with seeking redress in connection with travel.

**ROUTINE USE(S):** DHS will use and disclose this information to appropriate governmental agencies to verify your identity, distinguish your identity from that of another individual, such as someone included on a watch list, and/or address your redress request. Additionally, limited information may be shared with non-governmental entities, such as air carriers, where necessary for the sole purpose of carrying out your redress request.

**DISCLOSURE:** Furnishing this information is voluntary; however DHS may not be able to process your redress request without the information requested.

# **Appendix E**

List of IRS Disclosure Offices (prepared by the IRS)

# **IRS Disclosure Offices**

FOIA requestors may have questions or want to know the status of their request. Initial inquiries should be directed to the FOIA Requestor Service Center where the request was submitted.

Following response from the Center staff, FOIA requestors who require more information or assistance may contact the IRS Disclosure Manager, who serves as the FOIA Public Liaison for that Center.

The Public Liaison can assist with reducing delays, explaining the status of the request, and resolving disputes. The Service Center and Public Liaison may be reached at the contact number provided for each Disclosure Office.

If you live in:	Mail your request to:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont Public Liaison: Ron Mele Phone: 860-756-4430	
Delaware, New Jersey, New York, Pennsylvania Public Liaison: Jeffrey Austin Ph: 215-861-1919	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006
Illinois, Indiana, Maryland, Wisconsin, Outside the U.S. (International and U.S. Territories Public Liaison: Lynda Dyer Ph: 312-566-3522	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006
District of Columbia, Kentucky, Michigan, Ohio, West Virginia Public Liaison: Ava Littlejohn Ph: 513-263-3900	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006
Florida, North Carolina, South Carolina, Virginia Public Liaison: Paula Curren Ph: 904-665-1175	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006
Alabama, Arkansas, Georgia, Mississippi, Tennessee Public Liaison: Diana Church Ph: 615-250-5004	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006

If you live in:	Mail your request to:
Texas, Oklahoma, Louisiana Public Liaison: Stephanie Young Ph: 512-460-4433	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006
Colorado, Iowa, Kansas, Minnesota, Missouri, Nebraska, Wyoming Public Liaison: Melba Tyson Ph: 314-612-4390	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006
Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington Public Liaison: Theresa Gates Ph: 206-220-5678	
Arizona, Hawaii, Nevada, New Mexico Public Liaison: Klaudia Villegas Ph: 213-833-1219	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006
Alaska, California Public Liaison: Celeste Neal Ph: 510-637-2312	Internal Revenue Service Disclosure Scanning Operation - Stop 93A Post Office Box 621506 Atlanta GA 30362-3006
If you are requesting IRS Headquarters Office records not available on the electronic Reading Room site, mail your request to: Public Liaison: Bertrand Tzeng Ph: 202-821-2207	IRS FOIA Request HQ FOIA Stop 211 2385 Chamblee Tucker Road Chamblee, GA 30341

Page Last Reviewed or Updated: 16-oct.-2012

Available at http://www.irs.gov/uac/IRS-Disclosure-Offices.

# **Appendix F**

Sample FOIA Request Letter (prepared by the IRS)

# **Sample FOIA Letter**

- (1) Your name or your company's name Your address or your company's address Your phone number (optional) Date
- (2) Internal Revenue Service [Your local Disclosure Office address; See <u>IRS Disclosure Offices</u> for address list]

Dear Disclosure Officer:

- (3) This is a request under the Freedom of Information Act.
- (4) I request that a copy of the following documents (identify the documents or information as specifically as possible) be provided to me. I do not wish to inspect the documents first.
- (5) In order to determine my status for the applicability of fees, you should know that I am (insert a suitable description of the requester and the purpose of the request).

[Sample requester descriptions (please choose only one if applicable):

A **Media Requester**: a representative of the news media affiliated with the XXXX newspaper (magazine, television station, etc.), and this request is made as part of newsgathering and not for a commercial use.

An Educational Institution Requester or a Non-Commercial Scientific Institution Requester affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly or scientific purpose and not for a commercial use.

A **Commercial-Use Requester** affiliated with a private corporation, seeking information for use in the company's business.

An "Other" Requester seeking information for non-commercial or personal use.]

- (6) As proof of identity I am including a photocopy of my driver's license, notarized declaration, sworn statement, etc. (See "<u>To Establish Identity and Right to Access</u>")
- (7) I am willing to pay fees for this request up to a maximum of \$XX. If you estimate that the fees will exceed this limit, please inform me first.
- (8) Thank you for your consideration of this request. Sincerely,

[your signature]



Form DOJ-361, Certification of Identity



FORM APPROVED OMB NO. 1103-0016 EXPIRES 10/31/13

Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester <sup>1</sup>	
Citizenship Status <sup>2</sup>	Social Security Number <sup>3</sup>
Current Address	
Date of Birth	_ Place of Birth

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 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.

Signature<sup>4</sup> Date

## **OPTIONAL:** Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b). I authorize the U.S. Department of Justice to release any and all information relating to me to:

# **Print or Type Name**

<sup>1</sup>Name of individual who is the subject of the record(s) sought.

Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

<sup>4</sup>Signature of individual who is the subject of the record sought.



FBI Form 1-783, Applicant Information Form

## APPLICANT INFORMATION FORM

#### PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

### **Applicant Information\*** Denotes Required Fields

\*Last Name \*First Name Middle Name 1 Middle Name 2

\*Date of Birth Last Four Digits of Social Security Number

### **Applicant Home Address**

\*Address

*City *Postal (Zip) Code *Country		*State		
Phone Number E-Mail				
U.S. Citizen or Legal Perman Country of Citizenship:	nent Resident	Yes	No Country of Re	sidence:
<b>Mail Results to Address</b> C/O Address		ATTN		
City Postal (Zip) Code Phone Number (if different f	rom above)	State Country		
Payment Enclosed (please check appropriate box) CASHIER'S CHECKMONEY ORDERCREDIT CARD FORM				
Number of Copies	X <b>\$18 per Copy = Total Payment</b> of <b>\$</b> En			Enclosed
Reason for Request				
*APPLICANT SIGNATUR	RE			DATE

You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.