

P-2010-00156

November 12, 2009

Information and Privacy Coordinator
Central Intelligence Agency
Washington, DC 20505

To Whom It May Concern:

The following request is for records for myself pursuant to the Federal Freedom of Information Act, 5 U.S.C. Subsection 552 under the name of [redacted] with the birth date of [redacted] Social Security Number [redacted] The specific information that I am requesting is [redacted]

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In addition, I request all information and records [redacted]
[redacted] I am willing to pay any necessary fees associated with processing.

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I have also enclosed Form DOJ-361. If there are questions concerning this letter my cell phone number is [redacted] Please send the requested information under secure delivery to:

(b)(6)

[redacted]

(b)(6)

Thank you for your attention to this matter.

Sincerely,

[redacted signature box]

(b)(6)

Enclosures

JOHN D. ROCKEFELLER IV
WEST VIRGINIA

United States Senate
WASHINGTON, DC 20510-4802

STATE OFFICE:
405 CAPITOL STREET, SUITE 508
CHARLESTON, WV 25301
(304) 347-5377
FAX: (304) 347-5371

NORTHERN SATELLITE OFFICE:
118 ADAMS STREET, SUITE 301
FAIRMONT, WV 26664
(304) 367-0122
FAX: (304) 367-0822

SOUTHERN SATELLITE OFFICE:
220 NORTH KANAWHA STREET, SUITE 1
BECKLEY, WV 26801
(304) 263-8704
FAX: (304) 263-2578

EASTERN REGIONAL OFFICE:
217 WEST KING STREET, SUITE 307
MARTINSBURG, WV 25401
(304) 262-8285
FAX: (304) 262-8288

For Office Use Only
Case Code:
Case #:

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize the agency and/or department listed below to provide information on my claim/case to Senator Rockefeller.

Agency/Department: Central Intelligence Agency

CONSTITUENT INFORMATION

Name: [Redacted] (b)(6)
(Please type or print)

Signature (Required): [Redacted] Date: 11/12/09 (b)(6)

Social Security or Claim # [Redacted] E-Mail Address: [Redacted] (b)(6)

Mailing Address: [Redacted] *(Please type or print)* (b)(6)
(Post Office Box or Street Address)

City, State, Zip Code: [Redacted] (b)(6)

Daytime Telephone: [Redacted] Cellular: [Redacted] (b)(6)

If you wish information to be provided to parent, child, attorney, or other interested party, please complete the following information:

Name: N/A (b)(6)
(Please type or print)

Mailing Address: N/A (b)(6)
(Post Office Box or Street Address)

City, State, Zip Code: N/A (b)(6)

Daytime Telephone: N/A (b)(6)

I authorize the following individual(s) to receive information from Senator Rockefeller, relative to my claim-case.

Signature (Required): [Redacted] Date: 11/12/09 (b)(6)

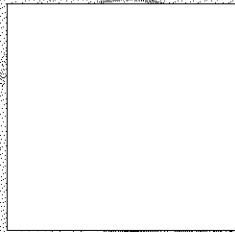
PLEASE RETURN THIS FORM TO:

The Honorable John D. Rockefeller IV
405 Capitol Street, Suite 508
Charleston, West Virginia 25301
(304) 347-5372

<http://rockefeller.senate.gov>

(b)(6)

Information and Privacy Coordinator
Central Intelligence Agency
Washington, DC 20505



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