

FROM :

FAX NO. [redacted]

P-2010-00905

Central Intelligence Agency  
Information and Privacy Coordinator  
Washington, DC 20505  
Fax: (703)613-3007

7/12/2010

The Freedom of Information Act  
Release of Information Request

Dear Sir or Madam,

Under The Freedom of Information Act, 5 U.S.C, Subsection 552,  
I am requesting information, or records on [redacted] as stated  
above, as clearly and specifically as possible, and previously released  
National Intelligence Estimates (NIEs), on the former Soviet Union.  
Please provide estimate, fees for searching, copying records.

If you deny my request, please cite each specific exemption  
justifying refusal to release the information, and notify me of appeal  
procedure available under the law.

JUL 12 2010

(b)(6)

Sincerely,

[redacted signature block]

(b)(6)

Social Security Number: [redacted]

(b)(6)

Date of Birth [redacted]

(b)(6)

[redacted]

(b)(6)

FROM :

FAX NO.

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(b)(6)

U.S. Department of Justice

Certification of Identity



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. Failure to furnish this information will result in no action being taken on the request. 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 Director, Facilities and Administrative Services Staff, Justice Management Division, U.S. Department of Justice, Washington, DC 20530 and 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>

[Redacted]

(b)(6)

Citizenship Status <sup>2</sup>

[Redacted]

Social Security Number <sup>3</sup>

[Redacted]

(b)(6)

Current Address

[Redacted]

(b)(6)

Date of Birth

[Redacted]

Place of Birth

[Redacted]

(b)(6)

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>

[Redacted]

Date

7/12/2010

(b)(6)

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 sought.

<sup>2</sup> 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.

<sup>3</sup> 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.

FROM :

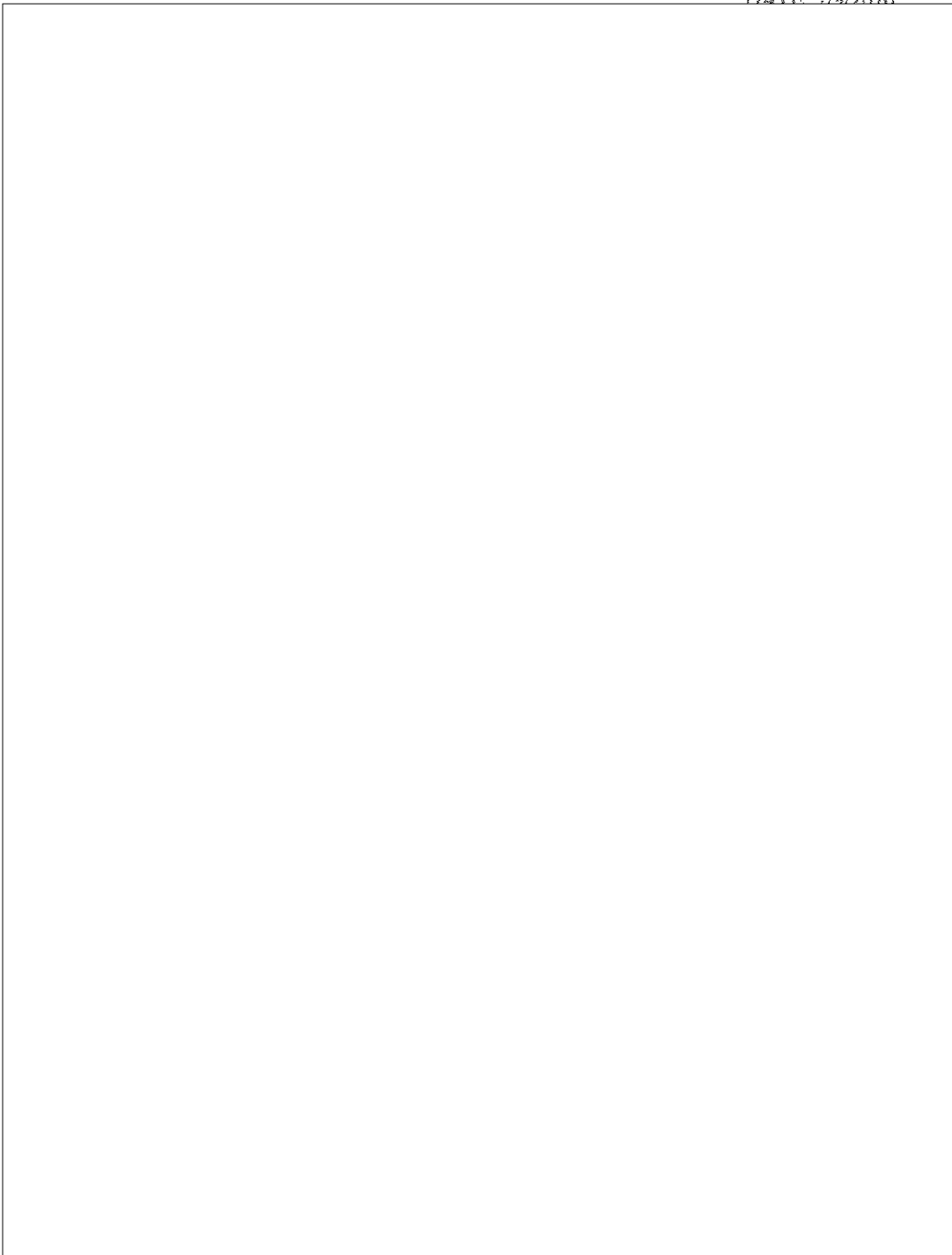
FAX NO.

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FAX

DATE: 7/9/2010



(b)(6)

FROM :

Approved for Release: 2021/11/10 C05562830

FAX NO.

Jul. 12 2010 02:29PM P1

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(b)(6)

JUL 12 2010

Approved for Release: 2021/11/10 C05562830

FROM :

FAX NO.

Jul. 12 2010 02:30PM P2

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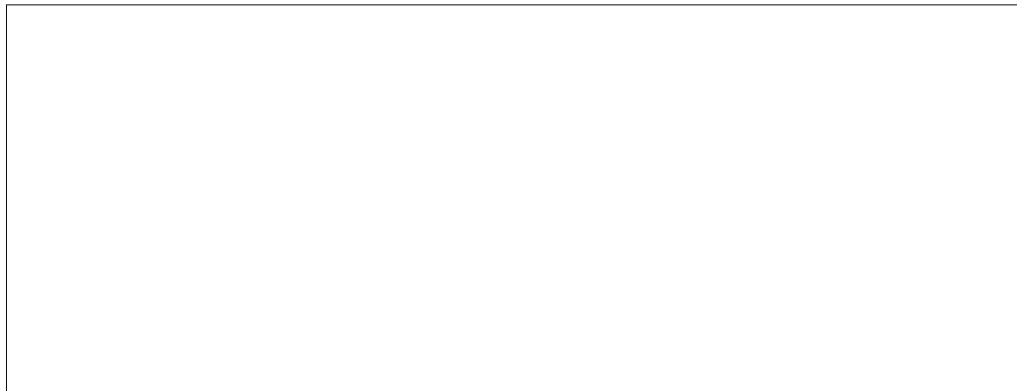
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FROM :

FAX NO.

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