P-2010-01082 (b)(6)

Pursuant to both the Freedom of Information Act, 5 U.S.C. § 552, and the Privacy Act, 5 U.S.C. § 552a, I seek access to and copies of all records about me which you have in your possession.

To assist with your search for these records, I am providing the following additional information about myself: full name, Social Security number, date of birth

If you determine that any portions of these documents are exempt under either of these statutes, I will expect you to release the non-exempt portions to me as the law requires. I reserve the right to appeal any decision to withhold information.

If my request is denied in whole or part, I ask that you justify all deletions by reference to specific exemptions of the act.

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest.

Thank you for your assistance.

Sincerely,

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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. (b)(6)

Full Name of Requester 1		(b)(6)
Citizenship Status	Social Security Number ³	(b)(6)
Current Address		(b)(6)
Date of Birth	Place of Birth	(b)(6)
		(b)(6)
person named above, and I understand that any falsification	nited States of America that the foregoing is true and correct, and that I am n of this statement is punishable under the provisions of 18 U.S.C. Section 1 not more than five years or both, and that requesting or obtaining any recor	001

under false preference is punishable under the provisions of \$ 110	C. $552a(1)(3)$ by a fine of not more than $$5,000$.	
Signature 4	Date Sept 2nd 2200	(b)(6)
	Date here	

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:

Irint	<i>ፍ</i> እም	Tuna	Name	
GERRE E	S. 18	R. Y 1. P.	J VEREES.	

¹ Name of individual who is the subject of the record sought.

² 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.

³ 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.

⁴ Signature of individual who is the subject of the record sought.

FORM DOJ-361 SEPT 04

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FORM APPROVED OMB NO. 1103-0016 EXPIRES 4/31/07

