YOU MUST PROVIDE A LEGIBLE COPY OF A GOVERNMENT ID AND YOU MUST SIGN AND DATE THIS FORM. YOU MAY MAIL, FAX OR E-MAIL THE FORM AND YOUR ID.

Recruiter Assistance Program (RAP)

Privacy Act

Request for Records

The following information is necessary to file a Privacy Act request for your RAP law enforcement record(s). Note: You or your agent may request records ONLY about yourself. We will not process RAP Privacy Act requests for records about someone else.

Full Name:	
Aliases or other names used (e.g. maiden name):
Current Address:	
Date of Birth:Place of Birth:	
Daytime Telephone Number:	
Email Address:	
Social Security Number:(Optional - without it, we may not be able to local	
Describe the record(s) you seek with enough det reasonable amount of effort:	ail that they may be located with a
I understand that any falsification of this stat of Title 18, United States Code (U.S.C.), Section or by imprisonment of not more than five yea any record(s) under false pretenses is punish Section 552a(i)(3) as a misdemeanor and by a	on 1001 by a fine of not more than \$10,000 ars, or both; and that requesting or obtaining nable under the provisions of Title 5, U.S.C.,
Signature	Date
A legible and original signature and a legidentification card is required. Legal rep	

Complete, Sign and Email/Mail Original of this Form

present an original of proof of legal representation.