

**UNITED STATES ARMY CRIME RECORDS CENTER  
PRIVACY ACT INFORMATION REQUEST**

Log No:  
DATE:

**SECTION I – PRIVACY ACT ADVISEMENT**

Authority to request personal information from you, to include your Social Security Number (SSN) is provided by 5 USC 552a, providing all or part of this information is voluntary. However, without it, the U.S. Army Criminal Investigation Command (USACIDC) may not be able to identify the requested records. Information provided herewith will be used to identify and retrieve records pertaining to the individual identified in the request and to protect the privacy of individuals on whom USACIDC maintains records. This information will be retained in USACIDC files and may be released to other DoD elements or to other agencies for official purposes.

**SECTION II – RECORD IDENTIFICATION**

NAME (Print) ADDRESS (Street, City, State, Zip Code) Telephone Number  
(Include Area Code)

SSN DATE OF BIRTH AND PLACE OF BIRTH SERVICE NUMBER

DESCRIPTION OF RECORDS (Title, Type, Records System Name, etc)

Action Requested:  Notification Existence of Record  Review or Record  
 Copy of Record  Identity of Agency(s) to whom  
record disclosed  
 Other \_\_\_\_\_

**SECTION III – REQUESTOR IDENTIFICATION**

False statements subject to criminal penalties. See Pub L.93-579, 88 Stat 1902 (5 USC 552a(i))

I certify that the above information is correct and  
that I am the person so described

SIGNATURE:

**SECTION IV – PRIVACY ACT WAIVER**

I hereby authorize the U. S. Army Criminal Investigation Command to disclose personal information about me  
maintained in their system of records to \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE #

I, \_\_\_\_\_, a Notary Public in and for the county (city) and state aforesaid, do  
hereby certify that on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_ before me personally  
appeared \_\_\_\_\_, who is known by me  
to be the identical instrument. In witness whereof, I have hereunto set my hand and official seal this  
day and year above.

My commission Expires: \_\_\_\_\_ Notary Public \_\_\_\_\_