Log No:
DATE.

PRIVACY ACT INFORMATION REQUEST

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 with 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 my released to other DoD elements or to other agencies for official purposes.

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	SECTION II – RECO	RD IDENTIFICATIO	N	
NAME (Print)	ADDRESS (Street, C	City, State, Zip Code)	Telephone Number (Include Area Code)	
SSN	DATE OF BIRTH A	ND PLACE OF BIRTH	SERVICE NUMBER	
DESCRIPTION OF I	RECORDS (Title, Type, Records	System Name, etc)		
Action Requested:	Notification Existence of	Review or Record		
	Copy of Record	by of RecordIdentity of Agency(s) to we record disclosed		
	Other			
	SECTION III - REQUES	STOR IDENTIFICAT	TION	
False statements subj	ect to criminal penalties. See Pu	b L.93-579, 88 Stat 1902 ((5 USC 552a(i))	
	•	·		
I certify that the above that I am the person s	e information is correct and o described	SIGNATURE:		
	SECTION IV- PRIV	VACY ACT WAIVER		
	e U. S. Army Criminal Investigat ir system of records to			
SIGNATURE	ADD	RESS	TELEPHONE #	
I, hereby certify that o appeared_	on theday of, 20_	before me personally		
	strument. In witness whereof,	I have hereunto set my l	, who is known by me hand and official seal this	
My commission Exp	ires:	Notary Public		