

Consent for Disclosure of Records Protected under the Privacy Act

If you are providing consent and authorizing the agency to disclose your records to another person or entity, please provide the information below. This form may also be used by a parent requesting access to the records of a minor, or by a legal guardian requesting access to the records of a minor.

Information Required for Identity-Proofing and Authentication

This information is required for the Court Services and Offender Supervision Agency (CSOSA) to verify your identity.

| Full Name | |
|---------------|--|
| Date of Birth | |
| PDID Number | |
| DCDC Number | |

If Applicable: Information for Request by Parent or Legal Guardian¹

| Full Name of Subject of the Record | |
|------------------------------------|--|
| Information Required to | |
| Establish | |
| Relationship/Guardianship | |

Additional Information Required to Locate the Record(s)

This information is required for the agency to be able to match the individual's information provided in this request with the records that pertain to that individual.

| Date of Birth | |
|---------------|--|
| PDID Number | |
| DCDC Number | |

¹ As defined in 5 U.S.C. § 552a(h) – For the purposes of this section, the parent of any minor, or the legal guardian of any individual who has been declared to be incompetent due to physical or mental incapacity or age by a court of competent jurisdiction, may act on behalf of the individual.

Description of Requested Records

Contact Information

Address for Receiving Records

| Mailing Address | |
|-----------------|--|
| City | |
| State/Province | |
| Postal Code | |
| Country | |
| Phone | |
| Email | |

I declare under penalty of perjury under the laws of the United States of America that the foregoing information is true and correct, and that I am the individual identified above and am consenting to the authorized disclosure of my records, or records that I am legally entitled to request as the parent of a minor or the legal guardian of an individual deemed incompetent. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of up to five years, or both. I further understand that knowingly and willfully requesting or obtaining any records under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of up to \$5,000.

Electronic Signature and Date

Privacy Act Statement

In accordance with CSOSA's Privacy Act implementation rules, individuals requesting access under the Privacy Act of 1974, 5 U.S.C. § 552a, must provide personal information sufficient to verify their identity. This requirement ensures that records maintained in

CSOSA's systems of records are not improperly disclosed and encompasses information related to published routine uses to which the data may be subject. Requests will not be processed without the required information, and knowingly providing false information on this form may result in criminal penalties under 18 U.S.C. § 1001 and/or 5 U.S.C. § 552a(i)(3). For additional information regarding the agency's regulations and privacy policies, please refer to 28 C.F.R. Part 802.11, Subpart C, the CSOSA Privacy Act Statement, <u>https://www.csosa.gov/wp-content/uploads/bsk-pdf-manager/2020/03/Privacy-Act-Statement.pdf</u>, and CSOSA's Privacy Policy, <u>https://www.csosa.gov/privacy-policy/</u>.