



**U.S. Immigration  
and Customs  
Enforcement**

PLEASE RETURN TO:  
Immigration and Customs Enforcement  
Freedom of Information Act Office  
800 North Capitol Street, Suite 585  
Washington, DC 20536  
Via Facsimile: (202) 732-0310

**AFFIRMATION/DECLARATION**

This is to affirm that

I, \_\_\_\_\_,  
(PRINT FULL NAME)

request access to records maintained by the U.S. Immigration and Customs Enforcement which pertain to me. My present address is:

\_\_\_\_\_

my date of birth is: \_\_\_\_\_, and

my place of birth was: \_\_\_\_\_.

I understand that any knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that any applicable fees must be paid by me.

I hereby authorize \_\_\_\_\_ access to my records.  
(PRINT FULL NAME)

I request that any located and disclosable records be forwarded to the following individual:

\_\_\_\_\_ at the following address:  
(PRINT FULL NAME)

\_\_\_\_\_

I hereby declare or certify under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_.  
(DATE)

\_\_\_\_\_

(SIGNATURE OF AFFIRMANT/DECLARANT)