# Office of Management and Budget (OMB) Request for Individual Access to Records Protected under the Privacy Act

If you are seeking access to your records, please provide the information below. This form may also be used if you are the parent seeking access to the records of a minor or the legal guardian seeking access to the records of an individual who has been determined by a court to be incompetent.

# Ways to Submit this Privacy Act Request Form:

- (1) By mail or delivery service, to Privacy Officer, Office of Management and Budget, 725 17th Street NW, Room 9204, Washington, DC 20503.
- (2) By electronic means as described on OMB's privacy web page: https://www.whitehouse.gov/omb/privacy.

# **Privacy Act Statement**

In accordance with OMB's Privacy Act implementation rules, 5 CFR Part 1302, personal information sufficient to identify the individuals making requests or appeals under the Privacy Act of 1974, 5 U.S.C. § 552a, and information sufficient to identify the subject of the request when the requester is the subject's parent or legal guardian, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of requests or appeals under the Privacy Act, or accountings of disclosures of such records, are not wrongfully disclosed or amended by OMB. Requests or appeals will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. § 1001 and/or 5 U.S.C. § 552a(i)(3). The OMB System of Records Notice, OMB Freedom of Information Act and Privacy Act Requests System of Records, OMB/FOIAPA/01, 88 FR 77365 (https://www.federalregister.gov/documents/2023/11/09/2023-24692/privacy-act-of-1974-system-of-records), includes a list of routine uses associated with the collection of this information.

## **SECTION 1**

# **Information Required for Identity-Proofing and Authentication**

This information is **required** for the agency to verify your identity.

#### **Information About You:**

Full Name	
Mailing	
Address	
Date of Birth	
Place of Birth	

To Verify My Identity:			
□I have enclosed a signed submission under 28 U.S.C. § 1746 in Section 6 of this form;			
□ I have enclosed a notarized statement of identity in Section 6 of this form;			
□I am a current Federal employee with a valid PIV card and will verify through MAX.gov; or			
□I am a current OMB employee with a valid PIV card and will verify through MAX.gov, or will verify in-person.			
□I am submitting an appeal or amendment request and have already verified my identity.			
SECTION 2			
Information for Request by Parent or Legal Guardian			
Skip this section and proceed to Section 3 if your request is regarding your own records. This section is required only if you are the parent or guardian of a minor or of an individual who has been determined by a court to be incompetent, and are making a request for that other individual's records, please also provide the additional required information.			
Information About the Record Subject:			
Full Name			
Mailing Address			
Date of Birth			
Place of Birth			
Relationship to Record Subject  You may prove your relationship to the record subject by providing a copy of the individual's birth certificate showing your parentage or by providing a court order establishing your			

You may prove your relationship to the record subject by providing a copy of the individual's birth certificate showing your parentage or by providing a court order establishing your guardianship. If mailing this form, please enclose a copy of these documents. If you are submitting this request via the online process, please upload these attachments in PDF format as supporting documentation when prompted.

## **SECTION 3**

# 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.

Type of Privacy Act request or appeal:			
Description of your requested records sought or appeal:			
If you are making an access request or accounting request, please describe the relevant record(s) in enough detail to enable OMB to locate the information with a reasonable amount of effort. This may include the name of the relevant system of records, a concise description of the records, or other information which you believe may help in locating the records. Please limit the information provided to only what is necessary to identify the records. 5 C.F.R. part 1302 provides further guidance on the information needed in a request or appeal.			
If you are making an amendment or correction request, please describe the relevant record(s) as set forth above, and please also include the correct information along with any justification for amendment.			
If you are making an appeal or an amendment request subsequent to an access request, please include the tracking number for your request provided by OMB, so we can more easily locate the request under appeal or to amend. Additionally, if you are appealing your records or making an amendment request subsequent to an access request, you do not need to reverify your identity in Section 6.			

#### **SECTION 4**

## **Contact Information**

**Information for Receiving Records:** Please indicate if you prefer to receive any requested records by email or mail, as well as the address in which you would like to receive those records at. Additionally, please provide either an email address or phone number where we can reach you for any questions about the request.

Email address	
Mailing address	
Phone number where we can reach you	

## **SECTION 5**

## Consent for Disclosure of Records Protected under the Privacy Act

Section 5 is optional and is to be completed if you are providing consent and authorizing the agency to disclose your records to another person or entity. Skip to Section 6 if you do not wish to release your records to another person or entity.

Pursuant to 5 U.S.C. § 552a(b), I authorize the Office of Management and Budget to release any and all information relating to me to:

Name of Recipient	
(Person or Entity) to	
Whom Disclosure is	
Authorized	
Address for	
Receiving Records	

### **SECTION 6**

Please upload or enclose either a signed submission under 28 U.S.C. § 1746 or a notarized statement of identity. If you are a current Federal or OMB employee, you may skip this step and verify with a PIV card or in person respectively. Additionally, if you are appealing your records or making an amendment request subsequent to an access request, in which

you already verified your identity, you may skip this step. Templates for a signed
submission under 28 U.S.C. § 1746 and a notarized statement of identity can be found or
OMB's privacy web page: https://www.whitehouse.gov/omb/privacy.

I affirm that I have uploaded as a PDF or enclosed either a signed submission under 28 U.S.C. §
1746 or a notarized statement of identity; I am a current Federal or OMB employee and will
verify my identity as described above; or I have already verified my identity.

Signature:	Date:	
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