Central Intelligence Agency
Information and Privacy Coordinator
Washington, DC 20505 Fax (703)613-3007

Reference Number:
F -2020 -01042

FREEDOM OF INFORMATION ACT - CERTIFICATION OF IDENTITY

Privacy Act Statement: In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by Facsimile under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Your Name (Last, First, Middle) – Mr/Mrs/Ms: Tripician, Joseph, Anthony

Current Mailing Address and Phone: Rua Guaruja, 61 – Sao Jose dos Campos – SP – Brazil 12243–230

Subject's Full Name (Last, First, Middle): RUDMAN, GEORGE, PAUL

Any Other Names Used? RUDMAN, GEORGE, P. RUDMAN, GEORGE

Date of Birth: 02 / 22 / 1968 Place of Birth (City, State/Country): Chicago, IL U.S.A.

Month Day Year

Date of Death: ____/____/____ Place of Death (City, State/Country): _____

Month Day Year

SUBJECT'S CITIZENSHIP STATUS (Please Check One)

X US Citizen Social Security Number [1] ____-____-____

OR

Other Country: _____

Specific Records of Interest: Please provide all emails, memos, cables, records of oral/verbal, telephonic, electronic, and other correspondence, agreements, files, records, reports, memos, contracts, and records of invoices, payments, or compensations in kind, to and from George Rudman and those mentioning and pertaining to George Rudman during the period of January 1, 1991 through December 30, 1997.

COMPLETE THIS SECTION IF YOUR SUBJECT IS LIVING

Authorization to Release Information to Another Person: This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:

_____

Print name and address to who records should be released

Subject's Signature: _____ **Date:** _____

[1] Providing your subject's social security number is voluntary. You are asked to provide the social security number only to facilitate the identification of records. Without the social security number, we may be unable to locate any or all records.