

U.S. DEPARTMENT OF HOMELAND SECURITY

CERTIFICATION OF IDENTITY

Privacy Act Statement: In accordance with 6 CFR Section 5.21(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Homeland Security systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. 552a (i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Administrative Services, U.S. Department of Homeland Security, Washington, DC 20528 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1600-XX), Washington, DC 20503.

Full Name of Requester ¹	Philip James Layfield	
Citizenship Status ²	US	Social Security Number ³ 238-57-8140
Current Address	30086 Millsboro Highway, Millsboro DE 19966	
Date of Birth	7/24/73	Place of Birth NY, NY
I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.		
Signature ⁴	Date 10/28/18	

OPTIONAL: Authorization to Release Information to Another Person

This form is to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Homeland Security to release any and all information relating to me to :

Print or Type Name

¹Name of the individual who is the subject of the record sought.

²Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an Alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted to permanent residence.

³Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴Signature of individual who is subject of the record sought.