

### National Credit Union Administration -

## Request for Access to Records Protected Under the Privacy Act Certification of Identity and Consent

For information about yourself or your records, please complete this form and attach it to your request. Requests will not be processed without this information. The FOIA/Privacy team may request additional verifying documentation (including photo ID) pursuant to 12 CFR § 792.55(a)(1)-(2).

#### PART I - MUST BE COMPLETED

First Name:			M.I.:		Last Nan	ne:			
5 ( (5) ()									_
Date of Birth:			E-	·Mail:					
(mm/dd/yyyy)									
Address:									
						2		T	
City:						State:		ZIP:	
									<u> </u>
PART II – OPTIONAL									
☐ If Applicable	e. Pure	suant to 5 U.S	S.C. 8.550	2a(h)	l authorize tl	ne Natio	nal C	redit LI	nion
☐ If Applicable: Pursuant to 5 U.S.C. § 552a(b), I authorize the National Credit Union								THOTT	
Administration to release records to the third party identified below.									
Third Party Name or Entity:									
		T							
Third Party E-Mail:									
Third Party Address:									
						1 -	1		
City:						State:		ZIP:	ı
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#### **PART III - MUST BE COMPLETED**

I declare under the penalty of perjury under the laws of the United States of America that the following is true and correct, and that I am the person named above and requesting access to my records, or if applicable, giving consent for the above-name third party to access or receive my records, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of not more than five years, or both, and that requesting or obtaining 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.

You may sign this form electronically by using Adobe Reader Fill and Sign, or by typing your name in the signature field.

Signature:	
Date: (mm/dd/yyyy)	



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#### **PRIVACY ACT STATEMENT**

**AUTHORITY:** 12 U.S.C. 1789, 5 U.S.C. 552, 5 U.S.C. 552a Disclosure of the requested information is not mandatory.

PURPOSE: Records in this system are used to process requests received.

**ROUTINE USES:** Information provided may be disclosed to a consumer reporting agency but is limited to: a) information necessary to establish identity, including name, address, and social security number or taxpayer identification number; b) the amount, status, and history of the claim; and c) the agency or program under which the claim arose.

**EFFECTS OF NOT PROVIDING INFORMATION:** The NCUA may not be able to allow you access to your records, if any, or process your request, including providing any responsive records, or the opportunity to amend or correct a record.

**SORN: NCUA-9**