FREEDOM OF INFORMATION / PRIVACY ACT REQUEST FOR ADJUDICATION AND VETTING RECORDS

OMB No. 0704-0561
OMB approval expires August 31, 2029

PRIVACY ACT STATEMENT

Authorities: 5 U.S.C. 552, 5 U.S.C. 552a, 32 CFR part 310, 32 CFR part 286.
Principal Purpose(s): The purpose of the collection is to enable the Defense Counterintelligence and Security Agency (DCSA) to locate applicable records and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974, as amended.
Routine Use(s): The information collected on this form will primarily be used to comply with requests for information under 5 U.S.C. 552 and 5 U.S.C. 552a. The information requested may be used by and disclosed to DCSA personnel, contractors, and/or shared externally with other government agencies as a routine use when necessary and relevant to assist in activities related to the processing of your Freedom of Information Act and/or Privacy Act request. Additionally, DCSA may use the information as necessary and authorized by the routine uses in the system of records notice associated with this form: DoD-0008, Freedom of Information Act Privacy Act Records. A complete list of the routine uses and the full text of DoD-0008 can be found at: https://www.federalregister.gov/documents/2021/12/22/2021-22710/privacy-act-of-1974-system-of-records.
Disclosure: Information Regarding Disclosure of your Social Security Number (SSN) under Public Law 93-579, Section 7 (b). Solicitation of SSNs by DCSA is authorized under the provisions of Executive Order 9397, dated November 22, 1943. Providing 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, DCSA may be unable to locate records pertaining to you. The use of SSNs is necessary because of the large number of Federal employees, contractors, civilians, and military personnel who have identical names and/or birth date and whose identities can only be distinguished by their SSNs.

INSTRUCTIONS

Use of this form is optional. To request a copy of your adjudicative records, please complete the appropriate fields below (or send a written request, containing the below information) to our Fort Meade, MD, office location. The information you provide will be used to identify/retrieve records pertaining to your request. Your completed form or written request may be submitted via mail or by secure e-mail as a scanned attachment. If submitting via e-mail, you should ensure that the security of your e-mail system is adequate for transmitting sensitive information before choosing to transmit your request, which contains your personally identifiable information. See page 2 for our contact information.

1. TYPE OF REQUEST – SELECT ALL THAT APPLY. (THIS SECTION MUST BE COMPLETED)

☐ I am making a request for my Security Clearance Status/Level. (Requester must complete sections 2, 4, 5, and 6)

☐ Privacy Act/FOIA Request – I request my own records under the Privacy Act of 1974. (Requester must complete sections 2, 3, 4, 5, and 6)

☐ FOIA Request – I am making a request for records about someone or something other than myself. (Requester must complete sections 2, 3, and 7a/b.)

☐ Privacy Act Amendment Request – I wish to amend my own records. In accordance with 32 C.F.R.§ 310.7, include an explanation why the record is not accurate, timely, relevant, or complete without this correction. Provide factual documentation that supports the request for the amendment. Requestors should attach additional material to this form. (Requestor must complete sections 2, 4, 5, and 6)

Note: If requesting your Background Investigation or a copy of your SF86, visit https://www.dcsa.mil/Contact-Us/Privacy-Civil-Liberties-FOIA/Requesting-Background-Investigation-Records/

2. REQUESTER'S INFORMATION

FULL NAME

XXXXX

STREET ADDRESS

CITY	STATE	ZIP CODE

COUNTRY	TELEPHONE (*Optional*)

PREFERRED DELIVERY METHOD

☐ SECURE E-MAIL* _____

☐ HARDCOPY MAIL

*A secure e-mail ensures that the information being sent to you is encrypted and therefore cannot be intercepted and read.

3. RECORDS REQUESTED (Specify the specific records you are seeking. Attach a separate page if you need more space than provided below.)

4. REQUESTER'S IDENTIFYING INFORMATION (complete this section only if you are making a request for records about yourself.)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	STATE OF BIRTH

CITY OF BIRTH	COUNTRY OF BIRTH

5. AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY *(optional)*
By completing this section, you authorize information relating to you to be released to another person, such as a family member or legal counsel. Please note, if you choose to have your records sent to a third party, you will not be furnished a duplicate copy. Pursuant to 5 U.S.C. § 552a(b), I authorize the DCSA - Defense Counterintelligence and Security Agency - to release my records (defined above) to:

NAME OF THIRD PARTY

THIRD PARTY MAILING ADDRESS

6. VERIFICATION OF REQUESTER'S IDENTITY (Complete this section only if you are making a request for records about yourself.)
I declare under the penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and I am the person named in Section 2. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than $10,000, or by imprisonment for 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.

REQUESTER'S HANDWRITTEN SIGNATURE OR CAC/PIV E-SIGNATURE	DATE

7a. COMPLETE THIS SECTION ONLY IF YOU ARE REQUESTING RECORDS ABOUT SOMEONE OR SOMETHING OTHER THAN YOURSELF
In the box below, you may wish to provide information about yourself and the purpose of your request to help us determine your fee category. While FOIA does not require a requester to state the purpose of a request, fees may be reduced based on the nature of the requester or purpose of the request. Fees for searching, copying, and processing records in this category may be levied in accordance with DCSA's regulations at 32 C.F.R.286.12. If you are asking for a waiver or reduction of fees, you can also use this box to provide an explanation. Attach a separate page if you need more space than provided below.

7b.

- ☑ I agree to pay all applicable fees.
- ☑ I agree to pay up to a specific amount for fees. Specify the amount _____
- ☑ I request a waiver or reduction of fees because I am (check all options below that apply)
  - ☑ Affiliated with an education or noncommercial scientific institution and this request is not for commercial use
  - ☑ A representative of the news media and this request is part of a news dissemination function and not for commercial use
  - ☑ Requesting the information in order to contribute significantly to the public understanding of operations or activities of the government and I do not primarily have a commercial interest in the information.

CONTACT INFORMATION

Defense Counterintelligence and Security Agency
Attn: FOI and Privacy Office for Adjudications and Vetting
601 10th Street
Fort Meade, MD 20755-5131

E-mail: dcsa.meade.dcsa.mbx.privacy-act@mail.mil