



**OFFICE OF INSPECTOR GENERAL**  
Federal Housing Finance Agency

400 7th Street SW, Washington, DC 20219

**Request for Records Under the Freedom of Information Act/Privacy Act**

**NOTE:** Use of this form is optional. FHFA-OIG accepts any written request, regardless of format, that complies with the requirements of FOIA, the Privacy Act, and FHFA regulations. Using this form helps ensure we have information necessary to process your request.

***Requester Information***

Full Name (Last, First, Middle) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

***Contact Information***

Daytime Telephone Number \_\_\_\_\_

Mobile Telephone Number (if any) \_\_\_\_\_

Email Address \_\_\_\_\_

***Acknowledgement of Potential Fees***

I understand that, unless I am granted a fee waiver, I may be charged FOIA and Privacy Act processing fees in accordance with FHFA's FOIA Fee Schedule, which can be found on FHFA's website at <http://www.fhfa.gov/AboutUs/FOIAPrivacy/Pages/FOIA-Reference-Guide.aspx>. If processing fees are less than \$25.00, no fee will be charged. I consent to pay applicable processing fees in excess of **\$25**, up to \$\_\_\_\_\_. I understand that I will be notified in advance if the estimated fees are expected to exceed this amount.

S/ \_\_\_\_\_  
Requester's Signature (Type Name) Date of Signature (mm/dd/yyyy)

***Description of Records Requested***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information Required for Identity-Proofing and Authentication of Persons Requesting Their Own Records**

Requester's Date of Birth \_\_\_\_\_

Requester's Place of Birth \_\_\_\_\_

*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. 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 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.*

S/ \_\_\_\_\_  
Requester's Signature (Type Name) Date of Signature (mm/dd/yyyy)

**Consent, Identity-Proofing, and Authentication of Family Members or Other Third Parties Who May Appear in Requested Records**

If you know or expect that personal information of persons other than you may appear in the records you seek, these persons must give their consent and be identity-proofed and authenticated. For example, mortgage loan documents may contain the personal information of a spouse or co-owner. This section 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 incompetent.

Name \_\_\_\_\_

Address \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

*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. 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 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.*

S/ \_\_\_\_\_  
Signature (Type Name) Date of Signature (mm/dd/yyyy)

**Privacy Act Statement**

**AUTHORITY:** We are authorized to collect this information pursuant to 5 U.S.C. Section 552a (Privacy Act of 1974); 5 U.S.C 552 (FOIA); Pub. L. No. 116-5, 133 Stat. 1073 (2019) (the CASES Act); and 12 C.F.R. Parts 1202 and 1204. **PURPOSE:** Information on this form will be used to identity-proof and authenticate persons submitting requests for access to records under FOIA and the Privacy Act. **ROUTINE USES:** A description of the Routine Uses to which the information is subject can be found in the FHFA-OIG System of Records Notice (FHFA-OIG-7) via the link on the FHFA-OIG Privacy web page. **CONSEQUENCES OF FAILING TO PROVIDE INFORMATION:** Providing the information on this form is voluntary, and this office accepts FOIA/Privacy Act requests in other formats. However, failure to provide the identity-proofing and authentication information requested on this form may result in your FOIA/Privacy Act request not being processed.