



OFFICE OF INSPECTOR GENERAL
Federal Housing Finance Agency

400 7th Street SW, Washington, DC 20219

Consent for Disclosure of Records Protected Under the Privacy Act

If you are providing consent and authorizing the agency to disclose your records to another person or entity, please provide the information below. Use of this form is optional; however, this form helps ensure we have information necessary to process your request.

Information Used for Identity-Proofing and Authentication

Full Name of Record Subject (Last, First, Middle) _____

Mailing Address _____

City, State, and Zip Code _____

Daytime Telephone Number _____

Mobile Telephone Number (if any) _____

Email Address _____

Additional Information Required to Locate the Records

Subject's Date of Birth _____

Subject's Place of Birth _____

Description of Requested Records

Recipient Information

Name of Recipient (Person or Entity) to Whom Disclosure is Authorized _____

Address to Send Records _____

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/ _____
Subject'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); Pub. L. No. 116-5, 133 Stat. 1073 (2019) (the CASES Act); and 12 C.F.R. Part 1204. **PURPOSE:** Information on this form will be used to identity-proof and authenticate persons submitting consent for disclosure of records under 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 Privacy Act requests in other formats. However, failure to provide the identity-proofing and authentication information requested on this form may result in your request not being processed. False information on this form may subject the requester to criminal penalties under 18 U.S.C. § 1001 and/or 5 U.S.C. § 552a(i)(3).