



Privacy Waiver and Certification of Identity

Full Name _____

Current Address _____

Date of Birth _____ **Place of Birth** _____

I hereby waive my right to privacy, and I authorize the USPS OIG to release any and all information relating to me to “

(Name, Address & phone of attorney or other designee)

In accordance with 39 C.F.R. § 266.6, I am enclosing a photocopy of my personal identification sufficient to identify myself so that the USPS OIG may release my personal data. Examples of valid identification are a current driver’s license, Medicare card, and employee identification cards.

I declare under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. I understand that any falsification of this statement or obtaining any record(s) under false pretenses is punishable under the provisions of 5 USC § 522a(i)(3) as a misdemeanor and by a fine of not more than \$5,000.

Signature _____ **Date** _____