

**PRIVACY ACT STATEMENT**

Your information will be used to determine your suitability for employment. Collection is authorized by 39 U.S.C. § 401 and 404; and 18 U.S.C. § 3061. Providing the information is voluntary, but if not provided, it may have an adverse effect on your employment opportunities with the U.S. Postal Service (USPS). We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional

office at your request; to entities or individuals under contract with USPS (service providers); to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized employment official of the USPS by any person, corporation, agency, or association concerning my personal history, character, education, employment, military service, credit standing, professional standing, or any other matter relevant and necessary for determination of my suitability for employment with or assignment to any position in the USPS.

This authorization is executed with full knowledge and understanding that the USPS will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of official business of the United States, or its agencies and instrumentalities.

I hereby RELEASE the aforementioned persons, corporations, agencies, associations and their employees, agents and representatives from liability for any damages, which, at any time, may happen to me because of compliance, or any attempts at compliance, with this authorization. This release does not include any damages resulting from said persons knowingly providing false or misleading information or records about me.

A copy of this authorization is as effective and valid as the original. This authorization is valid for the duration of my employment with the United States Postal Service.

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Printed Name

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Signature

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Street Address

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City, State, and ZIP+4

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Date

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Telephone Number *(Include Area Code)*