

U.S. Department of Homeland Security
500 12th St SW, Stop 5009
Washington, DC 20536



U.S. Immigration
and Customs
Enforcement

AFFIRMATION/DECLARATION

This is to affirm that

I, _____,
(PRINT FULL NAME)

request access to records maintained by the Immigration and Customs
Enforcement which pertain to me. My present address is:

my date of birth is: _____, and

my place of birth was: _____.

I understand that any knowingly or willfully seeking or obtaining access to records about
another person under false pretenses is punishable by a fine of up to \$5,000. I also
understand that any applicable fees must be paid by me.

I hereby authorize _____ access to my records.
(PRINT FULL NAME)

I request that any located and disclosable records be forwarded to the following individual:

_____ at the following address:
(PRINT FULL NAME)

I hereby declare or certify under penalty of perjury that the foregoing is true and correct.

Executed on _____
(DATE)

(SIGNATURE OF AFFIRMANT/DECLARANT).

**PLEASE RETURN TO: U.S. Department of Homeland Security
Immigration and Customs Enforcement
500 12th Street, SW, Stop 5009, Washington, DC 20536-5009
Via Facsimile: 202-732-4265;
Via email: ice-foia@dhs.gov**