AFFIDAVIT OF IDENTITY and PRIVACY ACT RELEASE

Privacy Act of 1974: Title 10, U.S. Code 7013 and 9013 authorizes solicitation of your Social Security Number and/or other personal information. Failure to provide requested information could result in not locating the authorized responsive documentation/records. (See also U.S. Presidential Executive Order 9397 (SSN), as amended.)

Instructions: Please complete all blank areas and sign in front of a notary of public. Please return the completed, notarized document to the Exchange Office of General Counsel as listed below. *NOTE: This authorization does not apply to documents identified as Protected Health Information (PHI). To obtain PHI documents, please submit a proper HIPAA authorization release form.*

BEFORE ME, the under signed authority personally appeared this day,

_____, (Affiant) known to me to be the person described herein and said person did present a current identifying document(s)/card issued by a federal or state governmental containing his/her photograph and signature (TCPRC, Sec. 121.005 and NPEM) as proof of identity and who, being by me duly sworn, deposes and says:

- That he/she is the one and same person as named in this affidavit.
- That the person named in this Affidavit understands that falsification in any degree of this Affidavit is a felony criminal offence and will subject such Affiant to prosecution to the fullest extent of the law.

Pursuant to the Privacy Act, 5 U.S.C. §552a, I hereby voluntarily authorize the Army and Air Force Exchange Service (hereinafter "the Exchange") to release documents relative to

_____

To the following (name, organization name, address, phone number, e-mail address):

_____

This authorization will expire at the conclusion of my legal claim. I may revoke this authorization at any time by notifying the Exchange in writing of my revocation. Such revocation will not apply to any information or records already disclosed. I understand that after the above recipient has obtained the authorized documents or information, federal law might not protect it from being re-disclosed. Routine Use Disclosures may apply. I have signed this authorization, as reflected below, before a notary public.

When completed and notarized, please return by one of the following means. You must represent your request for information/documents along with this form.

Mail:
Army and Air Force Exchange Service
Office of the General Counsel
Compliance Division
3911 South Walton Walker Blvd.
Dallas, TX 75236-1598

e-mail:
PrivacyManager@aafes.com

FAX:
214-465-2912

Personal Identifier for location of responsive documents as authorized: _____.
(Last 4 of SSN and/or Date of Birth)

_____ _____ _____
Affiant Printed Name Affiant Signature Date

Sworn to and subscribed before me this _____ day of _____, _____.

(SEAL)

_____ _____
Notary Signature Commission Expiration Date