



## AFFIDAVIT OF IDENTITY and PRIVACY ACT RELEASE

Privacy Act of 1974: Solicitation of your Social Security Number and/or other personal information is authorized by Title 10, U.S. Code 3013 and 8013. Failure to provide requested information could result in not locating the authorized responsive documentation/records.  
Instructions: **Please complete all blank areas and sign in front of a notary of public.** When complete the original form must be mailed to the address listed.

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

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

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This authorization will expire in 24 months or when revoked whichever one is sooner. I understand that I may revoke this authorization at any time by notifying the Exchange in writing of my revocation. I understand that the revocation will not apply to any information that is already released in reliance on this authorization. This release is signed, as reflected below, before a notary public.

**The original of this form must be mailed to the following address:**

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

**Personal Identifier for location of responsive documents as authorized:**

Last Four Numbers of Social Security Number and/or Birthdate: \_\_\_\_\_

\_\_\_\_\_  
Affiant Printed Name

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

(SEAL)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expiration Date