

**U.S. Department of Health and Human Services (HHS)**  
**Request for Individual Access to Records Under the Privacy Act**  
**and/or the Freedom of Information Act**

If you are seeking access to HHS records about you, please provide the information below.  
*[This form may also be used if you are the parent seeking access to HHS records about a minor or the legal guardian seeking access to HHS records about an individual with diminished capacity.]*

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**Information Required for Identity-Proofing and Authentication.** This information is required for HHS to verify your identity as the record subject or that individual's parent or legal guardian. **DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER (SSN) ON THIS FORM.**

- Full Name:
  - Current Address:
  - Date and Place of Birth:
  - Signature and Date (provide this at the end of the form).
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**Additional Verification Information Required, If Making the Request as Parent or Legal Guardian.**  
**DO NOT INCLUDE SSN ON THIS FORM.**

- Name of Record Subject:
- Record Subject's Current Address (if different from your own):
- Record Subject's Date and Place of Birth:
- Your Relationship to Record Subject (i.e., parent or legal guardian):
- If parent, state whether you have legal custody (i.e., yes or no):
- If legal guardian, state the extent of your guardianship:
  
- Identify the document(s) you are including or previously provided which evidence the parent or guardian relationship (for example, birth certificate or court order):

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**Additional Information Required to Locate the Record(s).** This information is required for HHS to be able to match the individual's information provided in this request with the records that pertain to that individual. **DO NOT INCLUDE SSN.** If HHS needs SSN to locate records, HHS will obtain it later.

- Description of Requested Records (for example, type of record; context and time period(s) in which compiled; system of records, if known; see <https://www.hhs.gov/foia/privacy/sorns/index.html>):
  - Personal Identifiers for the Record Subject, Contained in the Requested Records (for example, name(s) used; date of birth; other identifying number(s); DO NOT INCLUDE SSN):
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**Contact Information.**

- Address for Receiving Records: (If you want HHS to disclose the requested records to you, provide your full mailing address, or state “my PAL account” and provide your email address if making this request through your Public Access Link account. Alternatively, if you want HHS to disclose the records to someone other than you, leave this blank and complete the below Consent section instead.)
  - Telephone Number and/or Email Address for Other Contact Purposes:
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**(Optional.) Consent for Disclosure of Records Protected Under the Privacy Act.**

If you are providing consent and authorizing HHS to disclose the requested records to another person or entity instead of to you, please provide the information below.

**Recipient Information.**

- Name of Recipient (Person or Entity) to Whom Disclosure is Authorized:
  - Address for Receiving Records (provide recipient’s full mailing address, or state “recipient’s PAL account” and provide the recipient’s email address):
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**Fees.** HHS will consider your request to be an agreement by you to pay all applicable fees charged, up to \$25.00, unless you state a willingness to pay a greater or lesser amount when you make the request.

- Will Pay Fees Up To: \$
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In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above and requesting access to records about me (or records that I am entitled to request as the parent of a minor or the legal guardian of an individual with diminished capacity). I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$5,000,

imprisonment for not more than eight years, or both, and that knowingly and willfully requesting or obtaining any record about an individual from an agency under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5,000.

- Signature and Date:

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**Privacy Act Statement:** In accordance with the Privacy Act, the Freedom of Information Act (FOIA), and HHS implementation rules at 45 CFR Parts 5 and 5b, personal information sufficient to identify the individuals requesting access to records about them under the Privacy Act of 1974, 5 U.S.C. § 552a, is required. The principal purpose of this solicitation is to ensure that the records of individuals who are the subject of systems of records maintained by HHS are not wrongfully disclosed by HHS; a secondary purpose is to enable HHS to locate the requested records. In addition to other disclosures authorized by 5 U.S.C. § 552a(b), HHS may disclose the information provided on this form to contractors engaged by HHS to process records requests, to a digital identity verification service provider (when such service is available), and to other non-HHS parties for other purposes described in the routine uses published in the applicable System of Records Notice (SORN). Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. § 1001 and/or 5 U.S.C. § 552a(i)(3). The applicable SORN for data used to verify your identity is: [09-90-0777](#) Facility and Resource Access Control Records, 75 FR 47812 (8/9/10), as amended at [83 FR 6591](#) (2/14/18). The applicable SORN for data used to process your request is: [09-90-0058](#) Tracking Records and Case Files for FOIA and Privacy Act Requests and Appeals, 81 FR 17463 (3/29/16), as amended at [83 FR 6591](#) (2/14/18).