Defense Intelligence Agency Privacy Act Request Form - Items marked with (*) are required

Nequest	ter Information					
Prefix:	* First Name:	Middle Name:		* Last Name:		
٠	* Street Address:					
	* City:	* State:	* Zip code:			
ſ	Phone Number:		* Email:			
ease place	e an "X" in the appropriate b	ox(es):				
urrent DIA E	mployee: Prior DIA Emplo	yee: Applied for a DIA	Position: No Affiliation	with DIA: Records are	Related to an investigation on me	
roviding your	r birthdate and SSN is voluntary; ho	owever, without both, we m	ay not be able to locate the reco	ords you are requesting.		
Social Security Number:		Da	Date of Birth:			
	e the records you seek, and provide	,	,	,	,	
person n by a fine	e under penalty of perjury un named below. I understand t e of not more than \$10,000, o) under false pretenses is pu	hat any falsification of or by imprisonment of the contract of	this statement is punishab not more than five years,	ole, under the provisions of t	of 18 U.S.C. Section 1001, ng or obtaining any	

Defense Intelligence Agency Contact Information:

Mailing Address: Defense Intelligence Agency ATTN: IMO-2 (FOIA) 7400 Pentagon Washington, DC 20301-7400 Email: FOIA1@dodiis.mil Phone Number: (301) 394-6253