

The completion of this form is optional.  
Any written format for Freedom of Information or Privacy Act requests is acceptable.

**START HERE – Please type or print and read instructions on the reverse before completing this form.**

1. Type of Request: *(Check appropriate box)*

- Freedom of Information Act (FOIA) *(Complete all items except 7)*
- Privacy Act (PA) *(Item 7 must be completed in addition to all other applicable items)*
- Amendment *(PA only, Item 7 must be completed in addition to all other applicable items)*

2. Requester Information:

Name of Requester: <b>RECORDS DEPOSITION SERVICE, INC.</b>		Daytime Telephone: <b>P: 312.553.8900 F: 312.553.8901</b>	
Address <i>(Street Number and Name)</i> : <b>120 W. MADISON ST., STE. 300</b>		Apt. No.	
City: <b>CHICAGO</b>	State: <b>IL</b>	Zip Code: <b>60602</b>	

*By my signature, I consent to the following:*

Pay all costs incurred for search, duplication, and review of materials up to \$25.00, when applicable. *(See Instructions)*

*Signature of requester:* \_\_\_\_\_

- Deceased Subject - **Proof of death must be attached.** *(Obituary, Death Certificate or other proof of death required)*

3. Consent to Release Information. *(Complete if name is different from Requester)(Item 7 must be completed)*

Print Name of Person Giving Consent:	Signature of Person Giving Consent:
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*By my signature, I consent to the following: (check applicable boxes)*

- Allow the Requester named in item 2 to see  all of my records or  a portion of my record. If a portion, specify what part *(i.e. copy of application)*

*(Consent is required for records for United States Citizens (USC) and Lawful Permanent Residents (LPR))*

4. Action Requested *(Check One)*:

- Copy
- In-Person Review

5. Information needed to search for records:

Specific information, document(s), or record(s) desired: *(Identify by name, date, subject matter, and location of information)*  
**ENTIRE FILE OF ANY TYPE OR NATURE.**

Purpose: *(Optional: you are not required to state the purpose for your request; however, doing so may assist the INS in locating the records needed to respond to your request.)*  
Discovery

6. Data NEEDED on SUBJECT of Record: *(If data marked with asterisk (\*) is not provided records may not be located)*

* Family Name	Given Name:		Middle Initial:
*Other names used, if any:	* Name at time of entry into the U.S.:		I-94 Admissions #:
* Alien Registration #:	* Petition or Claim Receipt #:	* Country of Birth:	*Date of Birth or Appx. Year
Names of other family members that may appear on requested record(s) <i>(i.e., Spouse, Daughter, Son)</i> :			
Country of Origin <i>(Place of Departure)</i> :	Port-of-Entry into the U.S.		Date of Entry:
Manner of Entry: <i>(Air, Sea, Land)</i>	Mode of Travel: <i>(Name of Carrier)</i>		SSN:
Name of Naturalization Certifications:		Certificate #:	Naturalization Date:
Address at the time of Naturalization:		Court and Location:	

7. Verification of Subject's Identity: (See Instructions for Explanation)(Check One Box)

In-Person with ID       Notarized Affidavit of Identity       Other (Specify) \_\_\_\_\_

Signature of Subject of Record: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No.: (      ) - \_\_\_\_\_

NOTARY (Normally needed from individuals who are the subject of the records sought) (See below)  
or a sworn declaration under penalty of perjury.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the Year \_\_\_\_\_

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_

OR

If a declaration is provided in lieu of a notarized signature, it must state, at a minimum, the following: (Include Notary Seal or Stamp in this Space)

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_