

Purpose: The primary purpose for providing the requested information on this form is for parties to authorize the disclosure of their information, including information retained in case files or a Record of Proceeding (documents, and if applicable, audio recordings), to an attorney, accredited representative, qualified organization, or other third party.

Disclosure: To help to ensure that privacy-protected information is not improperly released, a document such as this form, which verifies your identity, must accompany all requests for access to records containing your information. You may choose what information you wish to be disclosed, but failure to fully complete the form, including any additional information requested to process the request, may delay access to information or result in denial of an information request.

Authorities: The information requested on this form, and the associated evidence, is collected under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, and the Privacy Act of 1974, 5 U.S.C. § 552a, together with the Department of Commerce 15 C.F.R. § 4.24(d).

Freedom of Information Act Statement: Requests for information about a person other than the requester require proper authorization allowing release of the information. If you are seeking non-public information regarding a person that is not you or a person you represent, the U.S. Census Bureau recommends having the person who is the subject of the request complete and sign this form for this purpose. Failure to provide a signed Form BC-300 Certification of Identity may impede U.S. Census Bureau's release of information if the disclosure would constitute a clearly unwarranted invasion of personal privacy. Additionally, please note that prior to releasing any information, the U.S. Census Bureau assesses the applicability of all FOIA exemptions. For additional information on submitting a FOIA or Privacy Act Request to the Census Bureau, see https://www.census.gov/about/policies/foia/privacy_act_requests.html#make-request.

Paperwork Reduction Act: We estimate that completing the Certification of Identity (Form BC- 300) will take 6 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to efoia@census.gov. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper right of the form confirms this approval. If this number were not displayed, we could not conduct this collection of information.

Privacy Act Statement: In accordance with 15 CFR Section 4.24(d), the U.S. Census Bureau requires you provide us with sufficient information to identify you when you submit requests by mail or otherwise not in person under the Privacy Act of 1974, 5 U.S.C. Section 552a. We take this step to ensure that we do not wrongfully disclose the records of individuals who are the subject of U.S. Census Bureau systems of records.

In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed to authorized entities, as is determined to be relevant and necessary, outside the Department as a routine use pursuant to 5 U.S.C. 552a(b)(3) and the published routine uses as identified in the Privacy Act System of Records Notice DEPT-5, Freedom of Information Act and Privacy Act Request Records.

Providing this information is voluntary, however, if you do not provide it, we will be unable to take action on your request. If you provide false information on this statement, you may be subject to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU**CERTIFICATION OF IDENTITY****PRIVACY ACT STATEMENT**

In accordance with 15 CFR Section 4.24(d), the U.S. Census Bureau requires you provide us with sufficient information to identify you when you submit requests by mail or otherwise not in person under the Privacy Act of 1974, 5 U.S.C. Section 552a. We take this step to ensure that we do not wrongfully disclose the records of individuals who are the subject of U.S. Census Bureau systems of records. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed to authorized entities, as is determined to be relevant and necessary, outside the Department as a routine use pursuant to 5 U.S.C. 552a (b)(3) and the published routine uses as identified in the Privacy Act System of Records Notice DEPT-5, Freedom of Information Act and Privacy Act Request Records. Providing this information is voluntary, however, if you do not provide it, we will be unable to take action on your request. If you provide false information on this statement, you may be subject to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Part A. Information Regarding the Subject of the Records SoughtCurrent Legal Name (Last, First, Middle)
_____Date of Birth (*mm/dd/yyyy*) Place of Birth – *Please print or type*
_____Other Names You Have Been Known by Since Birth

Current Address in the United States

Street Number and Name – *Please print or type*
_____Apartment Number or Unit Number (*if any*)
_____City – *Please print or type*
_____State
_____ZIP Code
_____Telephone Number
_____Previous Address in the United States (*if applicable*)Street Number and Name – *Please print or type*
_____Apartment Number or Unit Number (*if any*)
_____City – *Please print or type*
_____State
_____ZIP Code
_____Telephone Number
_____Release the following records – (*specify exact records you wish to be released*)

_____**Part B. Recipient's Information** Select this box if recipient information is same as aboveRecipient's Name (*Last, First, Middle*)
_____Recipient's Organization (*if applicable*)
_____Recipient's Mailing Address In Care of Name (*if any*)
_____Street Number and Name – *Please print or type*
_____Apartment Number or Unit Number (*if any*)
_____City – *Please print or type*
_____State
_____ZIP Code
_____Telephone Number
_____Recipient's Email Address

Recipient Status

- Self Guardian of individual whose record(s) is sought – *Enclose copy of appointing document.*
 Parent of minor child whose record(s) is sought

Part C. Authorization to Release Information to Another Person

If you are authorizing information relating to yourself to be **released to another person.**

Name of authorized recipient

Further pursuant to 5 U.S.C. Section 552a (b), I authorize the U.S. Census Bureau to release the above-described information relating to me.

Original Signature of Requester

Date

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 I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) 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.

Original Signature of Requester

Date
