



## Request for Records Under the Freedom of Information Act (FOIA) and Privacy Act

FHFA accepts all written requests that comply with the requirements of the [FOIA](#), the [Privacy Act](#), and FHFA's [FOIA](#) and [Privacy Act](#) regulations. Using this form helps ensure FHFA has the information necessary to process your request.

You may also submit your request through [FOIA.gov](#) or mail it to FOIA & Information Services, Federal Housing Finance Agency, 400 7<sup>th</sup> Street, S.W., Fourth Floor, Washington, D.C. 20219.

Fields marked with an asterisk (\*) are required. Your request will be considered invalid without the required information.

### Requester Contact Information:

\*Full Name: (Last, First, Middle): \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

### FOIA Request:

The Freedom of Information Act (FOIA), 5 of the United States Code, section 552, provides that any person has the right to request access to federal agency records. A FOIA request for FHFA records can be made by any individual, private organization or public organization other than another federal agency. The request must be made in writing and meet the following criteria:

- Reasonably describe the records sought, including name of office, FHFA employee and/or document, date range, and subject matter
- Include the amount of fees you are willing to pay or request a fee waiver

### \*Fees Authorization (FOIA request only):

Please provide your willingness to pay at least \$25.00 or request a fee waiver. Check one of the following to indicate your fee agreement or fee waiver request. FHFA will notify you if fees will likely exceed your agreement.

\_\_\_ Willing to Pay \$25.00





### Request for Expedited Processing (FOIA request only)

Under certain conditions, you may be entitled to have your request processed on an expedited basis. FHFA will grant expedited processing pursuant to the FOIA and FHFA regulation, 12 CFR Part 1202.10, if the request demonstrates a compelling need by establishing one or more of the following:

1. Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of an individual;
2. An urgency to inform the public about an actual or alleged FHFA activity if you are a person primarily engaged in disseminating information;
3. The loss of substantial due process or rights;
4. A matter of widespread and exceptional media interest in which there exist possible questions about FHFA's integrity, affecting public confidence; or
5. Humanitarian need.

\*Expedited Processing Requested:

☐ Yes

☐ No

If you meet one or more of the above criteria, please explain (if not, your request will not be processed):



### Privacy Act Request:

Under the Privacy Act of 1974, a U.S. citizen or legal permanent resident may request copies of records about themselves that are maintained in a [FHFA system of records](#).

\*Provide the title and identifying number for the system of records for which you seek records:

### Identity-Proofing and Authentication of Persons Requesting Their Own Records (You will be contacted later to provide a photo ID.):

In order for your request to be processed, you must provide an electronic signature below, which acknowledges that you have read and understand the following statement:

*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 my records or to information pertaining to me, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, 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.*

\*Electronic Signature and Date:

S/ \_\_\_\_\_  
Requester's Signature (Type Name)

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)



### Consent, Identity-Proofing, and Authentication to Release Records to a Third Party

If you authorize the FHFA to release records about you to a third party, please provide the parties name, sign and date the following statement.

Pursuant to 12 CFR Part 1204.3(f), I authorize the Federal Housing Finance Agency to release any and all records about me to:

\*Third Party Full Name: \_\_\_\_\_

\*Electronic Signature and Date:

S/ \_\_\_\_\_  
Requester's Signature (Type Name)

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

### \*Detailed Description of Records Requested Under the FOIA and/or Privacy Act:

### Privacy Act Statement

**AUTHORITY:** We are authorized to collect this information pursuant to Freedom of Information Act (5 U.S.C. 552), the Privacy Act of 1974 (5 U.S.C. 552a), and FHFA implementing regulations, 12 CFR parts 1202 and 1204. **PURPOSE:** Information on this form will be used to identity-proof and authenticate persons submitting requests for access to records under FOIA and the Privacy Act. **ROUTINE USES:** A description of how the collected information may be shared or utilized can be found in the Federal Housing Finance Agency's System of Records Notice FHFA-13, which is accessible through the [FHFA's Privacy Act Systems of Records Notices \(SORN\) webpage](#). **CONSEQUENCES OF FAILING TO PROVIDE INFORMATION:** Providing the information on this form is voluntary, and this office accepts FOIA/Privacy Act requests in other formats. However, failure to provide the information requested (e.g., identity-proofing and authentication information, detailed description of requested material, contact information, etc.) on this form may result in your FOIA/Privacy Act request not being processed.