IDENTITY THEFT FILE CONSENT DOCUMENT

By signing this document, I hereby provide the	(Insert		
local, state or federal law enforcement agency name) pe	V 1		
into the Federal Bureau of Investigation's Identity Theft File. This information may include, but is not limited to, physical descriptors and identifying information including my name,			
		date of birth, social security number, the type of identity	
me for future identification verification purposes. I am	1 01		
my photograph and fingerprints into this file when that	capability becomes available.		
I understand that this information is being submitted as	part of a criminal investigation in		
which I was a victim and will be available to entities having access to the Federal Bureau of			
Investigation's National Crime Information Center (NC	IC) files for any authorized purpose.		
I am providing this data voluntarily as a means to memory	•		
to obtain a unique password to be used for future identified	y verification purposes.		
I understand that the FBI intends to remove this information			
later than five years from the date of entry. I also under			
written request to the entering agency to have this information removed from the active file at an earlier date. I further understand that information removed from the active file will not			
		thereafter be accessible via NCIC terminals, but it will be retained by the FBI as a record of the NCIC entry until such time as its deletion may be authorized by the National Archives	
and Records Administration (NARA).	unorized by the National Archives		
and records frammodulion (13 red 2).			
I understand that this is a legally binding document refle	ecting my intent to have personal data		
entered into the FBI's Identity Theft File. I declare und	er penalty of perjury that the		
foregoing is true and correct. (See 28 U.S.C. 1746)			
SIGNATURE	DATE		
PRINTED NAME			
The Privacy Act of 1974 (5 United States Code 552a) re	<u>-</u>		
agencies inform individuals whose social security numb			
disclosure is mandatory or voluntary, the basis of authority for such solicitation, and the uses which will be made of it. Accordingly, disclosure of your social security number is voluntary; it is being requested pursuant to 28 U.S.C. 534 and (add any purplicable state outhorization if desired) for the purposes described above. The social			
		applicable state authorization, if desired) for the purposes described above. The social security number will be used as an identification tool; consequently, failure to provide the	
		number may result in a reduced ability to make such identifications or provide future identity	
verifications.	indications of provide fatale identity		