

# Disclosure Information Request Consent (G-639)

## Requestor Information

Full Name:

Address:

Phone Number:

## Subject of Record (If different from requestor)

Full Name:

Date of Birth:

## Consent to Disclosure

I hereby consent to the disclosure of any and all information relating to me, held by the U.S. government, to the above-named requestor, pursuant to the Freedom of Information Act (FOIA) and/or Privacy Act.

Signature of Subject of Record:

Date: