



National Credit Union Administration

Request for Individual Access to Records Protected Under the Privacy Act

If you are seeking access to your records, please provide the information below.

If you are acting in a representative capacity and are seeking access to another individual's records, do not use this form. Instead, the represented individual must complete a *Consent for Disclosure of Records Protected Under the Privacy Act* form.

Information Required for Identity-Proofing and Authentication

This information is required for the agency to verify your identity.

First Name:		M.I.:		Last Name:	
Date of Birth: (mm/dd/yyyy)					

Information Required to Locate the Record(s)

This information enables the agency to identify the records you are requesting.

Name of the NCUA System(s) of Records that you believe contains the record(s) you are requesting. For a full list of NCUA's systems, see NCUA's System of Records Notices (SORNs) .

Contact Information Required for Receiving the Record(s)

This information enables the agency to provide the requested records to you.

First Name:		M.I.:		Last Name:	
E-mail:				Telephone:	
Address:					
City:		State:		Zip Code:	

Certification and Signature

I declare under the penalty of perjury under the laws of the United States of America that the following is true and correct, and that I am the person named above and requesting access to my records, 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 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.

1775 Duke Street, Alexandria, VA 22314 Tel. 703-518-6540



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You may sign this form electronically or by hand.

Signature:	
Date: (mm/dd/yyyy)	

Privacy Act Statement

AUTHORITY: 12 C.F.R. 792, 5 U.S.C. 552, 5 U.S.C. 552a

Disclosure of the requested information is not mandatory.

PURPOSE: The purpose of this collection is to ensure that the records of individuals who are the subject of NCUA systems of records are not wrongfully disclosed by NCUA.

ROUTINE USES: Information provided may be disclosed to a consumer reporting agency but is limited to: a) information necessary to establish identity, including name, address, and social security number or taxpayer identification number; b) the amount, status, and history of the claim; and c) the agency or program under which the claim arose.

EFFECTS OF NOT PROVIDING INFORMATION: Requests will not be processed if this information is not furnished.

SORN: [NCUA-9](#).

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (PRA), no persons are required to respond to a collection of information unless it displays a valid OMB control number. This form is pending the Office of Management and Budget's (OMB) review under 3133-NEW. Comments concerning the accuracy of the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be addressed to the National Credit Union Administration ATTN: PRA Clearance Officer- OGC, 1775 Duke Street, Alexandria, Virginia 22314; or email to pracomments@ncua.gov.