



EXCHANGE

ARMY & AIR FORCE EXCHANGE SERVICE
P.O. Box 650060
Dallas, TX 75265-0060
Phone 214-312-6103
FAX 214-465-2912

AFFIDAVIT OF IDENTITY

BEFORE ME, the under signed authority personally appeared this day,

_____, (Affiant) known to me to be the person described herein and said person did present a current identifying document(s)/card issued by a federal or state governmental containing his/her photograph and signature (TCPRC, Sec. 121.005 and NPEM) AS PROOF OF Identity and who, being by me duly sworn, deposes and says:

- That he/she is the one and same person as named in this affidavit.
- That the purpose of this Affidavit is to establish and verify that the identity of the affiant is the same as the individual who is requesting documentation/records from the Army and Air Force Exchange Service.
- That the person named in this Affidavit understands that falsification in any degree of this Affidavit is a felony criminal offence and will subject such Affiant to prosecution to the fullest extent of the law.

*The **original** affidavit must be mailed to the following address:*

*Army and Air Force Exchange Service
Office of the General Counsel – FOIA/PA
3911 South Walton Walker Blvd.
Dallas, TX 75236-1598*

Affiant Printed Name

Affiant Signature

Date

Sworn to and subscribed before me this _____ day of _____, 2015.

Notary Signature

Commission Expiration Date

(SEAL)