



# 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

Privacy Act of 1974: Title 10, U.S. Code 8013 and 9013 authorizes solicitation of your Social Security Number and/or other personal information. Failure to provide requested information could result in not locating the authorized responsive documentation/records.

Instructions: You have requested documents, records, or information protected by the Privacy Act of 1974. Such records are accessible to the individual for whom they pertain. In order to protect unauthorized disclosure to any other party, you must provide proof of identity. Please complete all blank areas of this form and **sign in front of a notary of public**. Return the completed, notarized document by one of the means listed below.

NOTE: This affidavit is for identity purposes for first-party request(s). It does not provide authority to disclose documents to third parties. If you wish the Exchange to release documents pertaining to you to anyone other than yourself, please complete and submit form entitled "Affidavit of Release to Third Party." To provide authorization to release your Protected Health Information (PHI) to a third party, please complete the HIPAA Release Authorization Form. If you have any questions please contact the Exchange Office of General Counsel Office at 214-312-6103 or 800-967-6067, Option 5.

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.

When completed and notarized, please return by one of the following means. Please present your request for information/documents along with this form.

Mail:

e-mail:

FAX:

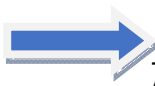
Army and Air Force Exchange Service  
Office of the General Counsel  
Compliance Division  
3911 South Walton Walker Blvd.  
Dallas, TX 75236-1598

[PrivacyManager@aafes.com](mailto:PrivacyManager@aafes.com)

214-465-2912

Personal Identifier for location of responsive documents as authorized:

Last Four Numbers of Social Security Number and/or Birthdate: \_\_\_\_\_



\_\_\_\_\_  
Affiant Printed Name

\_\_\_\_\_  
Affiant Signature

\_\_\_\_\_  
Date



Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expiration Date

(SEAL)