



EXCHANGE


ARMY & AIR FORCE EXCHANGE SERVICE
P.O. Box 650060
Dallas, TX 75265-0060

AFFIDAVIT OF ID & AUTHORIZATION TO RELEASE TO THIRD PARTIES

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, you must provide proof of identity and authorization of release to third parties. Complete this form in its entirety and return by email to PrivacyManager@aafes.com, fax to 214-465-2388, or to the AAFES associate who provided you this form.

NOTE: Do not use this form for first party releases or Protected Health Information (PHI) to a third party.

 I, (PRINTED NAME) _____ (Affiant)
deposes, affirms, and says:

- That I am the one and same person as named in this affidavit. I understand 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 purpose of this Affidavit is to verify my identity and authorize the Army and Air Force Exchange Service (AAFES) to release of documents pertaining to me.

Pursuant to the Privacy Act, 5 U.S.C. §552a, I hereby voluntarily authorize AAFES to release the following documents or information from the AAFES System of Records pertaining to me:


 _____

To the following (name, organization name, address, phone number, e-mail address):

 _____

This authorization will expire at the conclusion of my legal claim or 60 calendar days if no legal claim exists. I may revoke this authorization at any time by notifying AAFES in writing of my revocation. Such revocation will not apply to any information or records already disclosed. I understand that after the above recipient has obtained the authorized documents or information, federal law might not protect it from being re-disclosed. I furtherly understand that Routine Use Disclosures may apply to the information requested and may be found by contacting the PrivacyManager@aafes.com or by reviewing the applicable system of Records Notice located at <https://dpcl.d.defense.gov/>.

Personal Identifier for location of responsive documents as authorized: _____
(Last 4 of SSN and/or Date of Birth) 

 _____
Affiant Printed Name

Affiant Signature

I Swear to this Affirmation on this _____ day of _____, _____.

If not already presented, please provide a copy of your request for documentation. Questions should be directed to PrivacyManager@aafes.com or to the AAFES associate who provided you this form.