PRIVACY WAIVER AND AUTHORIZATION FOR DISCLOSURE TO A THIRD PARTY
UNITED STATES POSTAL SERVICE

Submission of this document to the United States Postal Service ("USPS" or "Postal Service") constitutes your written authorization for the Postal Service to disclose information and records about you, including information and records subject to the Privacy Act, to a third party.

Legal Authority

The Privacy Act of 1974 (5 U.S.C. § 552a); The Freedom of Information Act (5 U.S.C. § 552); 39 C.F.R. Parts 265 and 266.

Your Information

Full Name:	
Current Address:	
Date of Birth:	
Name and address of facility where last employed by USPS (if applicable):	
Date(s) of USPS employment (if applicable):	

Recipient Information

Please provide the name and address of the individual or third party to whom the Postal Service may disclose information and records about you.

Full Name:	Pat Clifford
Organization:	Legal-Ease Digital Imaging, LLC
Mailing Address:	2496 Meadowcroft Dr Burton,MI 48519

508-5/17/23-mh

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Description of Records

Please provide a description of the records and their likely location, if known, to which this authorization applies.

ANY AND ALL EMPLOYMENT RECORDS RELATED TO THE ABOVE-REFERENCED INDIVIDUAL, INCLUDING BUT NOT LIMITED TO, ANY AND ALL PAYROLL RECORDS, ALL RECORDS REFLECTING THE ABOVE REFERENCED INDIVIDUAL'S WAGES AND DATE(S) OF EMPLOYMENT, THE COMPLETE PERSONNEL FILE, THE COMPLETE LABOR FILE, APPLICATIONS, COUNSELING REPORTS, ATTENDANCE RECORDS, PERFORMANCE EVALUATIONS, NOTES, CORRESPONDENCE, RECORD OF WAGES, CLAIMS OF ANY KIND, INCLUDING BUT NOT LIMITED TO, INDEPENDENT CONTRACTOR AGREEMENTS, INDEPENDENT CONTRACTOR RECORDS AND DOCUMENTATION, PAY LOGS, DOCUMENTATION SHOWING DOCUMENTATION SHOWING COMPENSATION PAID AND/OR TENDERED FOR SERVICES PERFORMED AS AN INDEPENDENT CONTRACTOR WORKER'S COMPENSATION, ANY ACCIDENT OR INJURY, WORK RELATED OR NOT, AND INSURANCE INFORMATION.

Your Signature

The Postal Service will only release the information and records described in the "Description of Records" section, if you provide your signed authorization below.

I am the individual to whom the requested information or record applies. I declare under penalty of perjury that I have examined all the information on this authorization and it is true and correct to the best of my knowledge (18 U.S.C. § 1001). I understand that anyone who knowingly or willfully seeks or obtains access to records about another person under false pretenses is punishable by a fine of up to $5,000 (5 U.S.C. § 552a(I)(3)).

Your Signature:	
Print Your Name:	
Date:	

A copy of this authorization and release is as effective and valid as the original. This authorization is valid for 12 months from the date it is signed unless specified otherwise.

Privacy Act Statement

The information you have provided will be used to process your request. Collection is authorized by 39 U.S.C. § 401, 410, and 412. Providing the information is voluntary, but if not provided, we may not process your request. We may only disclose your information as follows: pursuant to this authorization, in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

CERTIFICATION OF IDENTITY
UNITED STATES POSTAL SERVICE

Individuals requesting personal records under the Privacy Act of 1974 (5 U.S.C. § 552a) or the Freedom of Information Act (5 U.S.C. § 552) should complete this form and submit it along with the request.

Your Information

Full Name:	
Current Address:	
Date of Birth:	
Identification Number (Optional):[1]	
Name and address of facility where last employed by USPS (if applicable):	
Date(s) of USPS employment (if applicable):	

Your Declaration

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than $10,000 or by imprisonment of not more than five years or both. I understand that requesting or obtaining any 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.

Your Signature:	
Print Your Name:	
Date:	

Privacy Act Statement: Your information will be used to process your FOIA request. Collection is authorized by 39 U.S.C. § 401, 410, and 412. Providing the information is voluntary, but if not provided, we may not process your request. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS (service providers); to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel. For more information regarding our privacy policies visit www.usps.com/privacypolicy.

[1] Providing a social security number or employee identification number is voluntary. However, the Postal Service may be unable to locate any or all records pertaining to you, if you do not provide this information.

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