

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1652-0044
Expires 02/28/2014

**AUTHORIZATION TO RELEASE INFORMATION
TO ANOTHER PERSON**

Please complete this form to authorize CBP to disclose your personal information to another person.

You are asked to provide your information only to facilitate the identification and processing of your redress request. Without your information CBP may be unable to process your third party authorization.

PERSONAL INFORMATION

Name

Address

City

State

Zip

Country

Telephone Number(s)

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a(b)), I authorize U.S. Customs and Border Protection to release any and all information relating to my redress request to my representative.

REPRESENTATIVE INFORMATION

Name

Address

City

State

Zip

Country

Telephone Number(s)

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above. I understand that falsification of this statement is punishable under the provisions of 18 U.S. § 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both.

Signature _____ Date _____

Privacy Act Statement: Authority: Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004 authorizes DHS to take security measures to protect travel, and under Subtitle B, Section 4012(1)(G), the Act directs DHS to provide appeal and correction opportunities for travelers whose information may be incorrect. Principal Purposes: DHS will use this information in order to assist you with seeking redress in connection with travel. Routine Uses: DHS will use and disclose this information to appropriate governmental agencies to verify your identity, distinguish your identity from that of another individual, such as someone included on a *watch list*, and/or address your redress request. Additionally, limited information may be shared with non-governmental entities, such as air carriers, where necessary for the sole purpose of carrying out your redress request. Disclosure: Furnishing this information is voluntary; however DHS may not be able to process your redress request without the information requested.

Paperwork Reduction Act Statement: Through this information collection, DHS is gathering information about you to conduct redress procedures, as an individual who believes he or she has been (1) denied or delayed boarding; (2) denied or delayed entry into or departure from the United States as a port of entry; or (3) identified for additional screening at our Nation's transportation hubs, including airports, seaports, train stations and land borders. The public burden for this collection of information is estimated to be five (5) minutes. This is a voluntary collection of information. If you have any comments on this form, you may contact the Transportation Security Administration, Office of Transportation Security Redress, TSA-901, 601 S. 12th Street, Arlington, VA 20598. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB number (1652-0044) and expiration date.