

**APPENDIX C**

**Authorization for Release of Information**

Employee Name: \_\_\_\_\_

In accordance with the provisions of the Privacy Act of 1974, 5 USC 522a, and the Department of Homeland Security regulations promulgated to implement the Act, 31 CFR Part 1, I hereby authorize U.S. Customs and Border Protection (“the Agency”) to disclose any record or information pertaining to me contained in the Agency’s files, including such records which may be contained in a system or records, as that term is defined under 5 USC 522(a)(5), by any means or any communication to:

\_\_\_\_\_  
(Name of Company – please print)

provided that the Agency deems such disclosure relevant to the enforcement of any federal law and/or regulation of the grant, denial, suspension or revocation of any bonded status or license or authority to operate. The authority to disclose information, as provided herein, shall constitute a release by me of the United States of America, the Department of Homeland Security, the Agency, and/or any employee thereof from any liability for damages alleged to have been caused directly or indirectly, as a result of the Agency’s acquisition, maintenance and/or disclosure thereof by any individual or entity. I understand that my execution of this authorization for disclosure of information is not required by law or regulation, and I declare that such execution is my voluntary act. A copy of this executed document shall be considered to be of equal force and effect as the original executed document.

Employee’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please print following information:

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If applicable, Alien Registration Number or Place and Date of Naturalization:

\_\_\_\_\_