



**Acknowledgement of Receipt of Notice of Privacy Practices**

This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

You may refuse to sign this acknowledgement.

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization to Release Information**

This form is used to obtain acknowledgment to release information regarding yourself covered under the Privacy Act to people other than yourself.

I, \_\_\_\_\_, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Relationship

**For Office Use Only**

We attempted to obtain acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining acknowledgement
- Other: \_\_\_\_\_