

U.S. Customs and Border Protection
Office of Field Operations
Freedom of Information Act/Privacy Act, Room 5.5-C
1300 Pennsylvania Avenue, NW
Washington, D.C. 20229

REQUEST FOR RECORDS/PRIVACY ACT RELEASE FORM
Requests received without a letter of explanation will not be processed.
(Please Print)

Family Name	Given Name	Middle Name
HASBROUCK	EDWARD	JOHN
Address (Street Number and Name)	Apt Number	
1130 TREAT AVENUE		
City	State	Zip Code
SAN FRANCISCO	CA	94110
Date of Birth	Country of Birth	Other names used; if any
JANUARY 11, 1960	USA	
Name at time of entry into the U.S.	Dates of Entry into the U.S.	Ports of Entry into the U.S.
EDWARD JOHN HASBROUCK	MULTIPLE ENTRIES BY FOOT, PRIVATE CAR, BUS, TRAIN, AND AIRLINE	MULTIPLE AIRPORTS AND MULTIPLE LAND PORTS OF ENTRY
Passport Number	Alien Registration Number	Petition or Claim Receipt
212838038 (PREVIOUS PASSPORTS 158700338 AND 052187408)		

Consent to Release Information *(Complete if name is different from requester)*

I understand that knowingly or willfully seeking or obtaining access to records and/or information about another person under false pretenses is punishable by a fine up to \$5,000. I also understand that any applicable fees must be paid by me. I request that any located and disclosable CBP records and/or information be forwarded to:

Name of Requester (Last, First and Middle Name)

James P. Harrison, First Amendment Project

Address (Street Number and Name)

1736 Franklin St, 9th floor, Oakland

Apt Number

City

Oakland, CA

State

94612

Zip Code

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Edward John Hasbrouck
Signature

22 June 2007
Date

Note: The signature on this request is not required to be notarized; however, severe penalties may apply for false