



Occupational Safety and Health Review Commission

CONSENT FOR DISCLOSURE OF RECORDS PROTECTED UNDER THE PRIVACY ACT

If you are providing consent and authorizing the agency to disclose your records to another person or entity, please provide the information below. This form may also be used if you are the parent consenting to and authorizing disclosure of the records of a minor or the legal guardian consenting to and authorizing disclosure of the records of an incompetent.

Once completed, this form may be submitted via email to OSHRC_Privacy@oshrc.gov or mailed to the following address:

Occupational Safety and Health Review Commission
Privacy Officer
1120 20th Street, NW, Ninth Floor
Washington, DC 20036-3457

Information Used for Identity-Proofing and Authentication	
In addition to signing this request as specified below, the following information is required for the agency to verify your identity.	
Full name of the individual consenting to disclosure of a record.	
Full name of the individual who is the subject of the record.	
These names will be the same unless the form is being used by a parent or a legal guardian to consent to and authorize the disclosure of a minor's or an incompetent's record. If this form is being used by a parent or a legal guardian, we will ask for additional information—such as a copy of a birth certificate of the minor or a court order establishing guardianship—before releasing any records based on the consent form.	
Do you have a government-issued identification that includes a photo, such as a passport or a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answer Yes , you must provide a copy of your identification before any Privacy Act records can be released based on the consent form.	



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Additional Information Required to Locate the Record(s)	
This information is required for the agency to match an individual's information provided in this consent for disclosure with the records that pertain to that individual.	
<p>Describe the nature of each record you are authorizing the agency to disclose, the approximate dates covered by the record, and the system of records in which the record is thought to be included.</p> <p>The agency's system-of-records notices can be viewed on the agency's website in a document titled, Compilation of Notices (OSHRC-1 through OSHRC-9). We may request additional information, such as your date of birth, to confirm that any records are about you rather than someone else with the same name.</p>	
Recipient Information	
Name of recipient (person or entity) to whom disclosure is authorized	
Address for receiving records	
Your Contact Information	
Mailing address	
Email address	
Telephone number	
Signature	
<p>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 and that I am consenting to and authorizing disclosure of my records, or that as the parent of a minor or the legal guardian of an incompetent, I am entitled to consent to and authorize disclosure of the records of the minor or incompetent named above. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of not more than five years, or both, and 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.</p>	
Signature*	
Date	

*Prior to submission, this completed form must be (1) signed electronically by using Adobe Acrobat Reader Fill and Sign; (2) signed electronically by typing your name in the signature field; *or* (3) printed and then signed by hand.



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Privacy Act Statement

In accordance with 29 C.F.R. pt. 2400, personal information sufficient to identify the individuals consenting to disclosure of records under the Privacy Act of 1974, 5 U.S.C. § 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of OSHRC systems of records are not wrongfully disclosed by OSHRC. Consents for disclosure will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. § 1001 and/or 5 U.S.C. § 552a(i)(3). The information collected through this form may be disclosed in accordance with the routine uses specified in OSHRC-5, the applicable system-of-records notice which is available on the Review Commission's [privacy page](#).