



United States Department of the Interior
Office of the Secretary



Customer Support Center Hours of operation: 6:00am to 5:30pm MST.

PRIVACY AUTHORIZATION FORM

Please complete, sign, date, and return to the Customer Support Center via email at csc_fax@ios.doi.gov.

1. Please select the document(s) you need and specify the time period(s) for each:

<input type="checkbox"/> (LES) Leave and Earnings Statement: (Limited to 27 pay periods) Year and Pay Period(s): (i.e. 2014-01): _____
<input type="checkbox"/> (W2 Form) Wage and Tax Statement: (Limited to 5 years) Year(s): _____
<input type="checkbox"/> (W2C Form) Corrected Wage and Tax Statement: (Limited to 5 years) Year(s): _____
<input type="checkbox"/> Other: _____

2. Please select ONLY ONE method to receive your documents:

<input type="checkbox"/> Government Email (Complete section 3 & 4)	<input type="checkbox"/> Personal Email (Complete section 3 & 4)
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3. Please provide information where you would like your documents sent: (ALL CAPS)

Government Email Address: _____
Personal Email Address: _____

4. Personal Information:

Employee Name (First, MI, Last): _____	Last 4 of SSN: _____
Agency/Former Agency Name: _____	
Employee Status w/Agency: (Active or Inactive): _____	
Government Email Address (*If active): _____	
Personal Email Address: _____	
Office Telephone No.: _____	
Alternate Telephone No.: _____	

You can expect to receive your documents within 24-48 business hours after we receive your completed form. If you do not hear from us within this time frame, please call us at 1-866-367-1272, Option #3.

By signing below you are authorizing the right to fax Privacy Act Information. Privacy Act Statement: Information collected via this form is covered by the Privacy Act of 1974 (5 U.S.C. 552a) and Privacy Act System of Records Notice – DOI-85. The primary use of this information is to start, stop or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain any additional information, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 U.S.C. Section 552a and for uses described in System of Records Notices DOI-85.

Signature: (Digital/Typed Signature accepted): _____ **Date:** (MM/DD/YEAR): _____