



U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

Privacy Waiver and Certification of Identity

Full Name: Jeffrey Edward Epstein

Aliases used: _____

Current Address: 6300 Red Hook, Suite B3
St. Thomas, Virgin Islands, 00802

Date of Birth: 1/20/53 Place of Birth: Kings County, New York

Social Security Number (optional): [REDACTED]

(Optional: Prior addresses, employments, etc., which may assist the ^{CIA}FBI in locating the requested information)
358 El Brille Way
Palm Beach, Florida 33480

I hereby waive my right to privacy, and I authorize the ^{CIA}FBI to release any and all information relating to me to :

(Name, address & phone of attorney or other designee)

Martin G. Weinberg
20 Park Plaza, Suite 1000
Boston, MA 02116

Under penalty of perjury, I hereby declare that I am the person described above and understand that any falsification of this statement is punishable under the provisions of Title 18, United States Code (U.S.C.), Section 1001 by a fine of not more than \$10,000 or by 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 Title 5, U.S.C., Section 552a (i)(3) as a misdemeanor and by a fine of not more than \$5,000.

Signature: _____ Date: _____