

Complete, sign, and mail (original signature needed)



U.S. Department of Justice

Federal Bureau of Investigation

Privacy Waiver and Certification of Identity

Full Name: Jeffrey E. Epstein

Aliases used:

Current Address:

Date of Birth: Place of Birth:

Social Security Number (optional):

(Optional: Prior addresses, employments, etc., which may assist the FBI in locating the requested information)

I hereby waive my right to privacy, and I authorize the 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 - 617 227 3700

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 (j)(3) as a misdemeanor and by a fine of not more than \$5,000.

Signature: Date: