



Coeur d'Alene Police

Protect and Serve with Excellence

Chief Lee R. White

3818 SCHREIBER WAY
COEUR D'ALENE, ID 83815
(208) 769-2321 – FAX (208) 769-2307

IDENTITY THEFT FILE CONSENT DOCUMENT

Agency Case Number: _____

By signing this document, I hereby provide the Coeur d'Alene Police Department permission to enter my personal data into the Federal Bureau of Investigation's (FBI's) Identity Theft File. This information may include, but is not limited to, physical descriptors and identifying information including my name, date of birth, place of birth, Social Security number, the type of identity theft, and a password provided by me for future identification verification purposes. This data is obtained from the *Identity Theft File Entry Document*, which must be returned to the Coeur d'Alene Police Department along with this SIGNED *Identity Theft File Consent Document*. I am also providing permission to enter my photograph and fingerprints into this file when that capability becomes available. A police report filed with the Coeur d'Alene Police Department is required prior to this information being entered and this is when you can obtain the Agency Case Number which is required on both of these Identity Theft File Documents.

I understand that this information is being submitted as part of a criminal investigation of a crime of which I was a victim and will be available to entities having access to the FBI's National Crime Information Center (NCIC) files for any authorized purpose. I am providing this data voluntarily as a means to document my claim of identity theft and to obtain a unique password to be used for future verification purposes.

I understand that the FBI intends to remove this information from the NCIC active file no later than five years from the date of entry. I also understand that I may at any time submit a written request to the entering agency to have this information removed from the active file at an earlier date. I further understand that information removed from the active file will not thereafter be accessible via NCIC terminals, but it will be retained by the FBI as a record of the NCIC entry until such time as its deletion may be authorized by the National Archives and Records Administration.

I understand that this is a legally binding document reflecting my intent to have personal data entered into the FBI's Identity Theft File. I declare under penalty of perjury that the foregoing is true and correct. (See Title 28, United States Code [U.S.C.], Section 1746.)

SIGNATURE

DATE

PRINTED NAME

The Privacy Act of 1974 (5 U.S.C. §552a) requires that local, state, or federal agencies inform individuals whose Social Security number is being requested whether such disclosure is mandatory or voluntary, the basis of authority for such solicitation, and the uses which will be made of it. Accordingly, disclosure of your Social Security number is voluntary; it is being requested pursuant to 28 U.S.C. § 534 for the purposes described above. The Social Security number will be used as an identification tool; consequently, failure to provide the number may result in a reduced ability to make such identifications or provide future identity verifications.

Mail or drop off this form, along with the signed "Identity Theft File Entry Document", to the Coeur d'Alene Police Department at 3818 Schreiber Way, Coeur d'Alene, ID 83815.

IDENTITY THEFT FILE ENTRY FORM

* Denotes Required Fields

Date of Theft: ____/____/____

*Agency Case Number: _____

*Theft Type: Circle Applicable Choices Below

ACCT – Checking or Savings Account

CFRD – Credit Card

INVT – Securities or Other Investments

LOAN – Loans

NETT – Internet or E-Mail

UTIL – Phone or Utilities

GOVT – Government Documents/Benefits

OTHR – Other

*Password: _____

You should select a password that can be easily recalled during any subsequent encounter with law enforcement. The password can be up to 20 alphabetic, numeric or special characters. (If the victim is deceased and this form is being completed for that person, use DECEASED as the password).

*Name (As appears on your account(s) in question): _____

*Sex: ____ *Race: ____ *Place of Birth: _____

*Date of Birth: ____/____/____

*Height: ____ *Weight: ____ *Hair: ____ *Eyes: ____

Scars/Marks/Tattoos: _____

FBI #: _____ Fingerprint Classification: _____

Social Security Number: ____ - ____ - ____ Misc. ID #: _____

Driver's License #: _____ State: ____ Expiration Year: ____

Miscellaneous Information: (i.e. "Unknown suspect stole wallet with credit cards")

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