

The FOIA is a federal statute that allows individuals to request access to federal agency records, with certain exceptions. To request records, please complete the information below.

Name: _____
Organization Name, if applicable: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____
Signature: _____

Under the Freedom of Information Act, 5 U.S.C. subsection 552, I am requesting access to the following records:

[Please identify the records as clearly and specifically as possible. If more room is needed to list or describe the records, please add additional pages].

There may be an associated cost with completing your request. If you desire, you may indicate your preference up front.

- I agree to pay fees for this request up to a maximum of \$_____. If you estimate that the fees will exceed this limit please inform me first.
- I request a waiver or reduction of all fees for this request because the records will contribute to the public's understanding of the operations or activities of the government, and my request is not commercial in nature.

If you are requesting medical records for someone other than yourself please include the HIPAA Authorization, Power of Attorney (if applicable), Notification of appointment of the Administrator of the Estate (if applicable) or the [Medicare Authorization to Disclose Personal Health Information](#).

Submit form by one of the options below. Please attach all supporting documentation.
Choosing the incorrect PO Box could cause a delay in the processing of the request.

- Jurisdiction F**
Medicare Part A
Attn: FOIA
PO Box 6722
Fargo, ND 58108
- Jurisdiction F**
Medicare Part B
Attn: FOIA
PO Box 6723
Fargo, ND 58108
- Fax to:** 701-433-3121

