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| **FREEDOM OF INFORMATION ACT (FOIA)**  **ACTION FORM** | | | | | | | | | | |
| **TO BE COMPLETED BY M/MS/IRD ONLY** | | | | | | | | | | |
| **FOIA REQUESTER:**  Enter Requester First and Last Name | | | **COMPANY NAME:**  Enter Requester Company/Organization Name | | | | | **FOIA REQUEST ID:**  Enter FOIA Request ID | | |
| **DATE OF REQUEST:**  Select date | **DATE RECEIVED:**  Select date | **DATE ACKNOWLEDGED:**  Select date | | | **FOIA SPECIALIST *(NAME AND CONTACT INFORMATION)*:**  Enter FOIA Specialist Name / Email / Phone | | | | | |
| **DESCRIPTION OF FOIA REQUEST:**  M/MS/IRD is in receipt of a request from [**INSERT REQUESTER NAME AND/OR ORGANIZATION HERE**], seeking record(s) regarding [**INSERT DESCRIPTION OF RECORD(S) BEING SOUGHT HERE**]. M/MS/IRD would appreciate your assistance in helping to locate responsive record(s) relevant to this request (if any). | | | | | | | | | | |
| **TASKED TO: (PLEASE LIST BUREAUS/INDEPENDENT OFFICES/MISSIONS)**  Enter Bureaus/Independent Offices/Missions | | | | | | | | | | |
|
| **TASKED DATE:**  Select date | | | | **RESPONSE DUE DATE:**  Select date | | | | | **EXTENSION NOTIFICATION DATE:**  Select date | |
| **IMPORTANT NOTE:**  Pursuant to the FOIA, a record is defined as any information that the Agency has created or obtained; and, that is under the Agency’s possession and control at the time of the request. You are required to conduct an adequate search for records and indicate below the number of search hours performed per person and provide release recommendations in writing. If you have any questions about the scope of the request or need assistance, contact the FOIA Specialist directly.  **Please do not contact the requester at any time.** | | | | | | | | | | |
| **TO BE COMPLETED BY FOIA LIAISON OFFICER (FLO)** | | | | | | | | | | |
| **NAME AND POSITION TITLE:**  Name, Position Title | | | **OFFICE LOCATION/CONTACT INFORMATION:**  Office Symbol, Location, Phone Number | | | | | | | **Is this a Critical Priority Country (CPC) or Non-Permissive Environment (NPE)?**  YES  NO |
| **ADEQUACY OF SEARCH (check all that apply)** | | | | | | | | | | |
| **SEARCH AND REVIEW:**  Searched all known sources likely to contain responsive records (active/inactive, if any)  Obtained record(s) from and coordinated response with other offices, missions, etc.  No search was conducted (please explain below)  No records exist (please explain below)  Sent ALL responsive record(s) to M/MS/IRD | | | | | | **SEARCH EFFORTS:**  **What was searched? (ex: electronic records, hardcopy records, etc.)**  Click here to enter text.  **Where did you search? (ex: cabinets, containers, storage warehouses, etc.)**  Click here to enter text.  **Names of individual(s) who performed search?**  Click here to enter text. | | | | |
| **SEARCH (# of hours):**  Click here to enter text. | | **DUPLICATION (# of pages):**  Click here to enter text. | | |
| **RELEASE RECOMMENDATIONS (check all that apply)** | | | | | | | | | | |
| **FORESEEABLE HARM: (Any information that, if released to the public, could result in foreseeable harm to a person or the Agency)**  ***CLASSIFIED*** information that could injure the interests of national security or foreign policy *(FOIA Exemption 1)*  Injure the interests of employee relations and human resources practices *(FOIA Exemption 2)*  Violates another Federal law *(FOIA Exemption 3)*  Result in competitive harm to the business submitter (e.g. implementing partner) of the information *(FOIA Exemption 4)*  Injure the quality of Agency decisions by disclosing records that are pre-decisional/deliberative *(FOIA Exemption 5/Deliberative Process Privilege)*  Injure open and frank discussions between an attorney and his/her client *(FOIA Exemption 5/Attorney-Client Privilege)*  Injure preparations for litigation *(FOIA Exemption 5/Attorney-Work Privilege)*  Invade an individual’s personal privacy or endanger the life or physical safety of an individual *(FOIA Exemption 6)*  Interfere with law enforcement proceedings *(FOIA Exemption 7)* ***\*\*Applicable only to OIG, SEC and OCRD\*\**** | | | | | | | | | | |
| **RELEASE RECOMMENDATIONS:**  Release in Full (please explain below)  Release in Part (please explain below)  Withhold in Full (please explain below) | | | | | | | | | | |
| **AID 507 COM** **COMMENTS: (if any)**  Click here to enter text. | | | | | | | | | | |
| **SIGNATURE:** | | | | | | | **DATE ACTION COMPLETED:**  Select date | | | |

AID 507-2 FORM (04/2018)