



Washington, D.C. 20505

27 February 2025

Michael Ding  
611 Pennsylvania Avenue SE  
#231  
Washington, DC 20003  
foia@aflegal.org

Reference: F-2024-03009

Dear Requester:

During a recent shelf review, we discovered that we had not responded to your 16 September 2024 correspondence to the Office of the Information and Privacy Coordinator concerning the above-referenced request seeking, under the Freedom of Information Act, information on **Ryan Wesley Routh**. We apologize for any inconvenience caused by this oversight and assure you that we have placed your request in our queue in the order in which it was received.

Please note that we require certain data for *every* third-party subject before we can begin processing a request. Without this data, we may be unable to distinguish between individuals with the same or similar names. Specifically, we **require** each individual's:

☐ *Full name*

☒ *Date and place of birth*

☒ *Date and place of death, if deceased*

☒ *Evidence of death, if deceased* (We require some evidence of death, such as a death certificate, an obituary, or a press statement, to ensure there are no privacy considerations. A website link in itself does not satisfy the proof of death requirement. Please provide the actual documentation and source. Proof of death is not required if date of birth is 100 years ago or greater.)

Agency regulations encourage requesters seeking information on *living* third parties to provide a signed affidavit or declaration from the third parties waiving all or some of their privacy rights. For your convenience, the *Freedom of Information Act-Certification of Identity Form* (which, when completed, serves as a **living party signed affidavit**) accompanies this correspondence.

We can search without this authorization, but if we locate responsive records, privacy concerns may require us to protect the information from release. FOIA exemption (b)(6) requires us to protect information "the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." In reaching this determination, we use the test our regulations outline at 32 CFR § 1900.32(b): "the Agency will balance the privacy interests that would be compromised by disclosure against the public interest in release of the requested information." Therefore, the waiver will assist us with this determination. *Please note: Code of Federal Regulations Vol. 32§ 1900.32(b) is available at <https://www.cia.gov/readingroom/docs/32CFR.pdf>.*

We will hold your request for 45 business days from the date of this letter pending your response. If we do not receive a response from you within this timeframe, we will assume that you are no longer interested and will close your request as we are unable to process it without the identified required information. This does not preclude you from resubmitting in the future if you are able to provide the information.

Please send the information to:

Information and Privacy Coordinator  
Central Intelligence Agency  
Washington, DC 20505

If you prefer to remit information via facsimile, you may do so at 703-613-3007.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stephen Glenn", followed by a horizontal line.

Stephen Glenn  
Information and Privacy Coordinator

Enclosure



Central Intelligence Agency  
Information and Privacy Coordinator  
Washington, DC 20505 Fax (703)613-3007

## FREEDOM OF INFORMATION ACT - CERTIFICATION OF IDENTITY

**Privacy Act Statement:** In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by Facsimile under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

Your Name (Last, First, Middle) – Mr/Mrs/Ms: \_\_\_\_\_

Current Mailing Address and Phone: \_\_\_\_\_  
\_\_\_\_\_

Subject's Full Name (Last, First, Middle): \_\_\_\_\_

Any Other Names Used? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City, State/Country): \_\_\_\_\_

Month Day Year

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Death (City, State/Country): \_\_\_\_\_

Month Day Year

### SUBJECT'S CITIZENSHIP STATUS (Please Check One)

\_\_\_\_ US Citizen Social Security Number <sup>1</sup> \_\_\_\_ - \_\_\_\_ - \_\_\_\_

OR

Other Country: \_\_\_\_\_

Specific Records of Interest: \_\_\_\_\_  
\_\_\_\_\_

### COMPLETE THIS SECTION IF YOUR SUBJECT IS LIVING

**Authorization to Release Information to Another Person:** This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:

\_\_\_\_\_  
Print name and address to who records should be released

**Subject's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup> Providing your subject's social security number is voluntary. You are asked to provide the social security number only to facilitate the identification of records. Without the social security number, we may be unable to locate any or all records.