



VILLAGE OF PALMETTO BAY
9705 E. HIBISCUS STREET
PALMETTO BAY, FLORIDA 33157
(305) 259-1234 Fax: (305) 259-1290

Approved
Edward Silva, Village Manager
Date

REQUEST FOR PUBLIC RECORDS

Requests are filled in accordance with the provisions of Chapters 119 and 257, Florida Statutes.

DATE: 2-7-19
NAME: Alexander Kaminski
COMPANY: Perspecta
ADDRESS: 1750 Foxtrail Dr.
PHONE: 585-851-5240 FAX: _____
EMAIL: Alexander.Kaminski@perspecta.com

REQUEST (Attach additional page, if necessary): Copies of the following documents:

Requested an appointment to
view a former employee's
personal file - Steven Dodge.

FOR USE BY VILLAGE STAFF ONLY

TRACKING NO.: 2019-046

DATE FORWARDED: 2-8-19

ASSIGNED DEPT: Human Resources

DATE REQUEST FILLED: _____

NUMBER OF COPIES: _____

ESTIMATED TIME (IF APPLICABLE): _____

ESTIMATED COST: _____

HOW WAS REQUEST FILLED? _____

IF NOT FILLED, REASON: _____

BY: _____

Melissa Dodge

From: Jessica Mak
Sent: Thursday, February 07, 2019 4:43 PM
To: Melissa Dodge
Cc: Olga Cadaval
Subject: Public Records Request 2/7/19
Attachments: Alexander Kaminski - Contact Information.pdf; S. Dodge - Auth. for Release of Information.pdf

Good morning Melissa,

Alexander Kaminski stopped by earlier this morning and requested to make an appointment to view a former employee's personnel file by the name of Steven Dodge. A copy of the requestor's business card has been attached for logging purposes, along with an authorization to release the information, noting that personal information has been redacted from the authorization.

Kindly let me know once this has been logged so that I may move forward to the next step of seeking approval from the Manager's office to coordinate.

Thank you,

Jessica Mak, SHRM-CP

HR & Communications Department
Village of Palmetto Bay
9705 East Hibiscus Street
Palmetto Bay, Florida 33157
(P) 305-259-1234 – (F) 305-259-1293

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

AUTHORIZATION FOR RELEASE OF INFORMATION

**Alexander
Kaminski**
Investigator



M 585.851.5240
alexander.kaminski@perspecta.com
1750 Foxtrail Dr.
Loveland, CO 80538

perspecta.com

Category	Information	Authorized Release To	Authorized Release Date
PERSONAL	[Redacted]	[Redacted]	[Redacted]
FINANCIAL	[Redacted]	[Redacted]	[Redacted]
EDUCATION	[Redacted]	[Redacted]	[Redacted]
EMPLOYMENT	[Redacted]	[Redacted]	[Redacted]
RESIDENCE	[Redacted]	[Redacted]	[Redacted]
TRAVEL	[Redacted]	[Redacted]	[Redacted]
VEHICLE	[Redacted]	[Redacted]	[Redacted]
PROPERTY	[Redacted]	[Redacted]	[Redacted]
INVESTMENT	[Redacted]	[Redacted]	[Redacted]
LEGAL	[Redacted]	[Redacted]	[Redacted]
RELIGION	[Redacted]	[Redacted]	[Redacted]
POLITICAL	[Redacted]	[Redacted]	[Redacted]
ASSOCIATIONS	[Redacted]	[Redacted]	[Redacted]
CHARACTER	[Redacted]	[Redacted]	[Redacted]
RECORDS	[Redacted]	[Redacted]	[Redacted]
OTHER	[Redacted]	[Redacted]	[Redacted]

**QUESTIONNAIRE FOR
 NATIONAL SECURITY POSITIONS
 UNITED STATES OF AMERICA**

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or ongoing evaluation (i.e. continuous evaluation) of my eligibility for access to classified information or, when applicable, eligibility to hold a national security sensitive position to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, criminal, financial, and credit information, and publicly available social media information. I authorize the Federal agency conducting my investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of eligibility to disclose the record of investigation or ongoing evaluation to the requesting agency for the purpose of making a determination of suitability, or initial or continued eligibility for a national security position or eligibility for access to classified information.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessible on-line to the public, is available to the public by subscription or purchase, or is otherwise lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of Homeland Security, the Office of the Director of National Intelligence, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a national security sensitive position or require eligibility for access to classified information.

Signature (<i>Sign in ink</i>) This form was digitally signed by: Steven Glenn Dodge in accordance with the Electronic Signature Act 15 U.S.C. 7001, Public Law 105-277 the Uniform Electronic Transaction Act, and other regulations governing electronic signatures and access controlled U.S. Government systems to include CFR-2004-title34-vol1.		Full name (<i>Type or print legibly</i>) Steven Glenn Dodge		Date signed (<i>mm/dd/yyyy</i>) 11/20/2017	
Other names used			Date of birth		Social Security Number
Current street address	Apt.#	City (<i>Country</i>)	State	ZIP Code	Telephone number