

MILITARY PERSONNEL DATA FORM

PRIVACY ACT STATEMENT

In accordance with 5 USC 552a (e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard.

1. Authority which authorized the solicitation of the information: 14 USC 632.
2. Principal Purpose(s) for which information is intended to be used: (1) to establish an official file for each individual who is assigned to Coast Guard Headquarters. (2) To compile a register of military personnel in the Washington, D. C., area COMDTINST M1720.3F (3) To furnish a local address for mailing the W-2 Form.
3. Whether or not disclosure of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or any part of the requested information: Disclosure is not required by law; however this information is essential for the operation of Coast Guard Headquarters. Failure to provide the information would preclude timely contact with the individual, with possible resultant disruption of Headquarters operations, and/or delay in contacting dependents in case of emergency and might result in a delay for the individual in receiving the W-2 Form.
4. UNLESS OTHERWISE DIRECTED BY MEMBER, INFORMATION PUBLISHED IN COMDTINST M1720.3F SHALL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

INSTRUCTIONS

This form must be completed immediately upon reporting for duty at Headquarters, and whenever there is any change to the information supplied below. This form will be forwarded to the messenger stations indicated.

DISTRIBUTION

("X" proper box on each copy)

- ORIGINAL _____ **Facilities Branch** _____ **HSC (a-2)**
 COPY _____ **Flag Plot Duty Officer** _____ **G-OPF**
 COPY _____ **Personnel Reporting Unit** _____ **HSC (a-1)**

REASON FOR SUBMISSION



- INITIAL SUBMISSION
 CHANGE OF ITEM(S) (List items being changed by block no. _____)

1. NAME (Last, First, Middle Initial)		2. SSN	3. GRADE/RATE
4. ORGANIZATION/ROUTING SYMBOL (Ex.: WPM-1)	5. ROOM NO.	5a. BUILDING	6. HQ TELEPHONE NO.
7. ARE YOU CHIEF OF YOUR OFFICE, DIVISION, OR BRANCH? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU DEPUTY CHIEF OF YOUR OFFICE, DIVISION, OR BRANCH? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. TITLE IN HEADQUARTERS	
9. LOCAL HOME ADDRESS (No., Street, Apt. No., City, State)			10. ZIP CODE
11. IF YOU WERE TO CALL YOUR LOCAL HOME TELEPHONE NO. FROM HQ., WOULD THE CALL BE A LONG DISTANCE CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. LOCAL HOME TELEPHONE NO. & AREA CODE	12a. THIS IS AN UNLISTED NUMBER "FOR DUTY OFFICER USE ONLY" AND "NOT TO BE PUBLISHED IN COMDTINST M1720.3F" <input type="checkbox"/> YES <input type="checkbox"/> NO	13. SPOUSE'S NAME (First, Middle Initial)	
14. DATE OF SUBMISSION	15. SIGNATURE		

16. PERMISSION FOR PUBLICATION IN COMDTINST M1720.3F. I HEREBY GIVE MY PERMISSION FOR THE FOLLOWING BLOCKS TO BE PUBLISHED IN COMDTINST M1720.3F: BLOCKS 1, 3, 5, 6, 9, 10, 12 (as qualified by 12a) and 13.

Signature _____

REMARKS