

MCIEAST-MCB CAMLEJ

PRIVACY ACT AND ROUTINE USE REQUEST FORM

Information contained on this form is maintained under the Systems of Records Notice NM05211-1 Privacy Act Request/Amendment Files and Tracking System (April 2, 2008, 73 FR 17959), and for official use only. **AUTHORITY:** under 5 U.S.C. 552a, The Privacy Act of 1974, as amended; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C., Headquarters, Marine Corps; E. O. 9397 (SSN). **PRINCIPLE:** Personal information gathered from the individual for the use of the Special Recognition Board. **PURPOSE:** This form is to provide personal information in association with the Special Recognition Board. **ROUTINE USE:** under U.S.C. 552 a (b) of the Privacy Act, and may be disclosed as routine use pursuant to 5 U.S.C. a (b). **DISCLOSURE** is VOLUNTARY, although awards may not be processed without this information.

Commanding General
Marine Corps Installations East-Marine Corps Base
Attn: G-1 (Privacy Act Coordinator)
PSC Box 20005
Camp Lejeune, NC 28542-0005

Date Requester completed the form (DD MMM YY)

(Please Check) **Type of Request**

PRIVACY ACT (PA) (Personal information directly about the individual, SRB, OPM)

ROUTINE USE (OFFICIAL USE, Federal, State and local agency for civil or criminal or for hiring, retention, insurance company, accident reports and security clearance)

Information requested: (Describe information requested and where to locate the information)

If requesting a Military Police report Indicate if you are requesting the CLEOC report or all Documents. CLEOC ALL Documents

Requester or Client's Name: _____ SSN: (of subject) _____

Names of all persons involved: _____

Date of incident (DD MMM YY) : _____ Location of Incident: _____

Please provide your address: (Print or type clearly)

Name _____

Address (If military in barracks-provide Command Address) _____

City _____ State _____ Zip Code _____

How would you like to receive your records. PICK UP MAILED

_____ I authorize a response via e-mail

(Requester's Name (**PRINT**))

(Phone Number)

(Signature of Requester or agent)
(Signature required for PA/ROUTINE USE Requests)

AGENCY STAMP

"I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct".

PLEASE NOTE: There is no processing time limits when processing PA/ROUTINE USE requests, but we will process as expeditiously as possible. Depending on current workloads, information requested, dates and/or accidents etc...the response time may vary.

"FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE"

Any misuse or unauthorized release of personal information could result in both civil and criminal penalties.
You may return this request by faxing it back at (910) 451-3688 or e-mail to FOIA.MCBLejeune@usmc.mil