FREEDOM OF INFORMATION ACT/PRIVACY ACT REQUEST FORM

Date of Request			
Rank/Mr/Mrs/Ms F	irst Name	MI	Last Name
ast Four SSN	MOS		Branch of Service
Mailing Address			
mail address			
Home Telephone Numl	 oer		Work Telephone Number
Subj: FREEDOM OF	INFORMATION AC	T / PRIVAC	CY ACT REQUEST
Office of the S Marine Corps Ba FPO AP 96373-50 TEL: 645-7918 FAX: 645-3743	ase, Camp Smed		tler, Unit 35002
. I am requesting of Information Act		g informat	tion pursuant to the Freedom
Location of Informa Inclusive Dates (i Case File Number (i	f known):	d:	
	reater than \$1	5.00. I an	es associated with this n aware that I will be s. (FOIA)
			untary. However, I sary to properly process my
. I declare under tates of America			der the laws of the United rue and correct.
		Signat	cure

PRIVACY ACT ADVISORY

AUTHORITY: 5 U.S.C. 301, Departmental Regulations and 5 U.S.C. 552, Freedom of Information Act (FOIA), 10 U.S.C. 5041, Headquarters, Marine Corps; E.O. 9397, November 1943 (SSN); and Secretary of the Navy Instruction 5720.42F, Department of the Navy Freedom of Information Act Program.

PURPOSE: To track, process, and coordinate all FOIA requests from receipt to response; to respond to appeals for denial of information; to compile statistics for the Annual FOIA Report; to research and respond to FOIA requests; to maintain case files to comply with records disposal requirements; and to maintain an administrative record to support any litigation.

ROUTINE USE: The information will be used to perform a search for records by this office or other government agencies and may be released to other Department of Defense components or personnel who have a need for the information in the performance of their official duties.

DISCLOSURE: Voluntary. However, failure to provide this information may result in our inability to locate requested records and may result in your request not being processed.