

APPENDIX B

FOUO – Privacy Sensitive when filled in

Unit, Personal and Family Readiness Program Authorization

This Authorization is solely for use by the Unit, Personal and Family Readiness Program (UPFRP) and is not to be confused with the Record of Emergency Data (RED). While information provided may be the same for both, the UPFRP Authorization and the RED, the RED is the official record and will be referred to for all official communication outside the parameters of the UPFRP, e.g. casualty notification.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 5013; EO 9397; 10 USC 5041 PRINCIPAL PURPOSE(S): To obtain required information for sponsors, spouses and designated contacts for the identified Unit, Personal and Family Readiness Program to enable the unit Commander and designated staff members and authorized volunteers to communicate in an accurate, rapid, and efficient manner with sponsor, spouse and Designated Contacts on matters relating to their Unit, Personal and Family Readiness Program. Access to personally identifiable information contained on data sheets will be on an official "need to know" basis and granted only to authorized persons with current certificates showing completion of requisite Personally Identifiable Information Training.

ROUTINE USES(S): None

DISCLOSURE: Participation is mandatory for Marines. Marines must provide a primary and secondary contact path. It is also mandatory for married Marines to provide a primary contact path for spouse or a signed Opt-out Form should the spouse choose not to participate. For military personnel, generally MCO 1754.9A, Chapter 4, paragraph 2 (c) and (d) are lawful orders and punitive in nature. Violations may result in disciplinary action under Article 92 of Uniform Code of Military Justice, and /or other adverse administrative action. It is mandatory for all Marines to identify at least one primary contact. All designated contacts must be over the age of 18 with the exception of a spouse.

MARINE NAME: _____

UNIT: _____

FAMILY READINESS OFFICER: _____

INSTRUCTIONS: I hereby authorize the unit Commander and designated members of the unit's Family Readiness Command Team, to include but not limited to, the unit Family Readiness Officer (FRO) and designated UPFRP Volunteers to communicate with my spouse*, and individuals I have listed below, hereinafter referred to as "Designated Contacts" on matter pertaining to the UPFRP. Designated Contacts must be 18 years of age or older, with the exception of a spouse.

DESIGNATED CONTACT #1: _____

*It is mandatory for spouses to be listed as Designated Contact #1 for married sponsors or submit an Opt-out Form.

DESIGNATED CONTACT #2: _____

DESIGNATED CONTACT #3: _____

DESIGNATED CONTACT #4: _____

DESIGNATED CONTACT #5: _____

Designated Contact #5 to be used in Alternate Organizational Communication Tool.

Communication will be in compliance with Marine Corps Order 1754.9A, Unit, Personal and Family Readiness Program, and deemed by the unit commander to be relevant, appropriate and in accordance with his/her vision and intent for the UPFRP.

The UPFRP may use methods outlined in MCO 1754.9A to effect clear and direct communication on matters pertaining to personal and family readiness between the sponsor, spouse* and Designated Contacts (DoN SOR M01754-5).

SPONSOR SIGNATURE: _____

SPONSOR NAME (Printed): _____

SPONSOR RANK: _____

Unit, Personal and Family Readiness Program Authorization

MARINE (mandatory): Last Name: _____ First Name: _____ MI: _____
Rank: _____ Date of Birth (MM/DD): _____
Address: _____
City/State: _____ Zip: _____
Contact Path #1: _____ Contact Path #2: _____
FRO Notes: _____

DESIGNATED CONTACT #1: Last Name: _____ First Name: _____ MI: _____
Date of Birth (MM/DD): _____
Address: _____
City/State: _____ Zip: _____
Contact Path #1: _____ Contact Path #2: _____
FRO Notes: _____

DESIGNATED CONTACT #2: Last Name: _____ First Name: _____ MI: _____
Date of Birth (MM/DD): _____
Address: _____
City/State: _____ Zip: _____
Contact Path #1: _____ Contact Path #2: _____
FRO Notes: _____

DESIGNATED CONTACT #3: Last Name: _____ First Name: _____ MI: _____
Date of Birth (MM/DD): _____
Address: _____
City/State: _____ Zip: _____
Contact Path #1: _____ Contact Path #2: _____
FRO Notes: _____

DESIGNATED CONTACT #4: Last Name: _____ First Name: _____ MI: _____
Date of Birth (MM/DD): _____
Address: _____
City/State: _____ Zip: _____
Contact Path #1: _____ Contact Path #2: _____
FRO Notes: _____

DESIGNATED CONTACT #5: Last Name: _____ First Name: _____ MI: _____
Date of Birth (MM/DD): _____
Address: _____
City/State: _____ Zip: _____
Contact Path #1: _____ Contact Path #2: _____
FRO Notes: _____