

**FREEDOM OF INFORMATION ACT REQUEST (5 UNITED STATES CODE 552)**

Privacy Act Statement

**SORN NM05720-1**

**AUTHORITY:** 5 U.S.C. 552, the Freedom of Information Act, as amended; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; Secretary of the Navy Instruction 5720.42F, Department of the Navy Freedom of Information Act Program; and E.O. 9397 (SSN), as amended.

**PRINCIPLE PURPOSE:** To track, process, and coordinate individual requests for access and amendment of personal records; to process appeals on denials of requests for access or amendment to personal records; to compile information for reports, and to ensure timely response to requestors.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).

**DISCLOSURE:** Disclosure of this information is mandatory.

**\*\*PLEASE NOTE: THIS OFFICE HAS 20 WORKING DAYS TO PROVIDE A RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST. DEPENDING ON CURRENT WORKLOAD, INFORMATION REQUESTED AND DATES, THE RESPONSE TIME MAY VARY.\*\***

DATE: \_\_\_\_\_

I, **(LAST NAME, FIRST, MI.)** \_\_\_\_\_ REQUEST THAT A COPY OF THE FOLLOWING

**DOCUMENT (S) BE PROVIDED TO ME:**

MILITARY POLICE REPORT

FAMILY SERVICES

OTHER \_\_\_\_\_

VEHICLE ACCIDENT REPORT

COUNSELING SERVICES

CID REPORT

FAMILY ADVOCACY PROGRAM

DATE OF INCIDENT: \_\_\_\_\_

CONTRACT NUMBER

SOLICITATION NUMBER

**BE SPECIFIC IN DESCRIBING THE RECORDS YOU ARE REQUESTING:**

I AM WILLING TO PAY FEES FOR THIS REQUEST UP TO A MAXIMUM OF \_\_\_\_\_. IF YOU ESTIMATE THAT FEES WILL EXCEED THIS AMOUNT, PLEASE NOTIFY ME FIRST.

**NAME/ADDRESS TO MAIL REQUESTED DOCUMENTS TO:**

*(IF THIS ADDRESS IS TO SOMEONE OTHER THAN YOURSELF, PLEASE GIVE THIS AGENCY YOUR CONSENT TO RELEASE THE REQUESTED DOCUMENTS TO ANOTHER INDIVIDUAL)*

REQUESTOR'S CONTACT NUMBER : \_\_\_\_\_ REQUESTOR'S E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF REQUESTER OR AGENT: \_\_\_\_\_

(SIGNATURE REQUIRED FOR RECORDS CONTAINING PERSONAL INFORMATION)  
**"I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT."**

"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 FAX AT (760) 725-0532 OR E-MAIL TO [MCIW\\_MCBCPEN\\_FOIA@USMC.MIL](mailto:MCIW_MCBCPEN_FOIA@USMC.MIL).