

FREEDOM OF INFORMATION ACT/PRIVACY ACT/ROUTINE USE REQUEST FORM

PRIVACY ACT STATEMENT

Freedom of Information Act data contained on this form is maintained under Systems of Records Notice NM05720-1. Privacy Act data is maintained under Systems of Record Notice NM05211-1 **AUTHORITY** 10 USC 5013, Secretary of the Navy, 10 USC 5041, Headquarters Marine Corps, E.O. 9397 (SSN) and Secretary of the Navy Instruction 5720.42F, Department of the Navy Freedom of Information Act Program and 5 USC 552(a), the Privacy Act of 1974, as amended and Secretary of the Navy 5211.5, Department of the Navy Privacy Act Program. The **PURPOSE** of this information is to track, process, and coordinate individual requests for access and amendment of personal records; to process appeals on denials of requests for access and amendment of personal records; to compile information for reports, and to ensure timely response to requesters. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may be disclosed outside DoD as a **ROUTINE USE** pursuant to 5 U.S.C. 552a(b)(3) and to individuals who file FOIA requests for access to information about who has made a FOIA request and the type of information being requested under the FOIA. **DISCLOSURE IS MANDATORY for computer matching.**

TODAY'S DATE: _____

STATION ADJUTANT (ATTN: FOIA)
PSC BOX 8003
CHERRY POINT, NC 28533-0007

INITIAL THE TYPE OF REQUEST YOU ARE MAKING

NOTE: Requests for Military Police Reports pertaining, but not limited to: Assault, breaking and entering, drugs DUI/DWI, domestic assault, burglary, and theft are processed under the FOIA and will be forwarded to the Naval Criminal Investigative Service (NCIS) Headquarters for processing:

FOIA REQUEST: (Government Records, i.e. investigations, attorney, contracts, police reports OTHER THAN traffic accidents): _____
PRIVACY ACT REQUEST: (Personal records: Behavioral Health, Service Record, Employee Files): _____
ROUTINE USE REQUEST: (OFFICIAL USE: Federal, State & local agencies for civil or criminal purposes, or for hiring, retention, insurance companies, traffic accident reports, background/security clearance): _____
FEES (FOIA Only): I am willing to pay the following amount for the processing of my FOIA request: _____

RANK & FULL NAME (PRINT CLEARLY): _____	
COMPLETE MAILING ADDRESS _____	
DAYTIME TELEPHONE: _____	EVENING TELEPHONE: _____
RECORD(S) REQUESTED: _____	
LOCATION OF REQUESTED RECORD(S) (Department/Section holding record, i.e., PMO, LSST, HRO, etc.): _____	
DATE OF INCIDENT(S): _____	

How would you like to receive you record? (Select One):

<input type="checkbox"/> I WILL PICK UP	<input type="checkbox"/> PLEASE MAIL TO ME	<input type="checkbox"/> PLEASE E-MAIL ME
E-MAIL ADDRESS: _____		

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

Signature of Requester

Please Note: This office has twenty (20)-working days in which to provide a response to a FOIA request. 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 to (252) 466-3635 or e-mail CHPT.FOIA.OMB@usmc.mil