PA File # (OFFICE USE ONLY) _____

PRIVACY ACT AND ROUTINE USE REQUEST FORM

PRIVACY ACT STATEMENT

Under the **AUTHORITY** 5 U.S.C. 552(a) and E.O. 9397 (SSN), this form is FOR OFFICIAL USE ONLY for the **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 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 specifically be disclosed outside DoD as a **ROUTINE USE** pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE** is **MANDATORY**.

Today's Date: _____ Date of Incident(s) _____

Requester's or Client's Name: _____ Rank _____

Address _____

City _____ State _____ Zip Code _____

E-MAIL: _____

SSN _____ Incident Number _____

I am requesting information on (Check One) ☐ Myself ☐ My Client

Type of Request (Select Only One)

☐ **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, security clearance and contract)

Listed below is a detailed description of what I am requesting:

Do you want to pick up the report or have it mailed to you? ☐ PICK UP ☐ MAILED

Requester's Name (PRINT) _____

Signature of Requester _____

Home Number _____

Work Number _____

Cell Number (optional) _____

Mail Form To:

Commanding Officer
MCAS
Attn: Adjutant (Privacy Act Coordinator)
PO Box 55001
Beaufort, SC 29904-5001

*****FOR OFFICIAL USE ONLY (FOUO)-PRIVACY ACT SENSITIVE*****

Please return this form to the Station Adjutant's office via mail, e-mail at BFRT_MCASPrivacyActRequest@usmc.mil, or fax at (843) 228-7032. For additional information, call Mrs. Dix at (843) 228-7921.