



# PERSONAL INFORMATION FORM FOR LIVSCAN FINGERPRINTING

**PLEASE PRINT CLEARLY**

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>

<b>ALIASES</b>	<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>

<b>STREET ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>

<b>CITIZENSHIP</b>	<b>PLACE OF BIRTH</b>	<b>OCCUPATION</b>

<b>GENDER</b>	<b>RACE</b>	<b>EYE COLOR</b>

<b>HEIGHT</b>	<b>WEIGHT</b>

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. 301, Department Regulations and 10 U.S.C. 501.

**PRINCIPAL PURPOSE:** To maintain NAF personnel records on employment acceptability, assignments, pay, promotions, performance evaluations, security, growth potential, leave, awards, benefits and entitlements, disciplinary and grievance proceedings, appeals, discrimination complaints, retirement/separation, terminations, physical evaluation and audits.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 55a(b) of the Privacy Act, these records or information contained therein may specifically be destroyed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The "Blanket Routine Uses" set forth at the beginning of the Marine Corps' compilation of system of records notices apply to this system.

**DISCLOSURE:** Disclosure of personal information is voluntary. However, if requested information is not provided, patron will not be considered for personnel action.