SPONSORSHIP REQUEST FORM

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice MMN00010 (Personnel Services Working Files) published February 22, 1993, 58 FR 10630. **AUTHORITY**: 10 U.S.C. 1071-1087, 1441-1455, 1475-1488, 2771 6148a, b, and d; 31, U.S.C. 240-243; 37 U.S.C. 401 and 551, et. seq.; 38 U.S.C. 765-770, 2021-2026; 50 U.S.C. 1436, and E.O. 11016; 5 U.S.C. 301, Departmental Regulations. **PRINCIPLE**: Members and former members of the Marine Corps and Marine Corps Reserve; permanently and temporarily retired members of the Marine Corps and Marine Corps Reserve; members of the Fleet Marine Corps Reserve; Federal civil service employees of the Marines Corps; and dependents, survivors or appointed agents of the foregoing. **PURPOSE**: This information is to provide a record for the use in the administration of programs concerning the personal welfare of Marines and their dependents. **ROUTINE USE**: 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 the DoD as routine use pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE: MANDATORY** for computer matching.

Complete all blocks and forward this form to your new unit address:

_____ _____ _____ _____
(Rank) (Name) (Last 4 SSN) (MOS)

Current unit address: _____

Unit Phone Number DSN: _____ Unit Phone Number DSN: _____

Current mailing address: _____

_____

E-Mail address: _____

Estimated Detachment Date: _____ Arrival Date: _____

MCC/RUC of new assignment: _____

Leave address: _____

_____

Marital Status: _____

Children information:

Names	Gender	Date of Birth

Anticipated mode of travel: _____

Are you an exceptional family member sponsor YES ☐ NO ☐

☐ I DO ☐ I DO NOT desire government quarters (unless mandated by base policy). My family size will require ◯2 ◯3 ◯4 bedrooms.

☐ I HAVE ☐ I HAVE NOT forwarded an application for an assignment to military family housing, DD Form 1746 to the housing office.

I have _____ dog (s) and _____ cat (s).

Specific information/assignment requested: _____

_____

_____
Signature

RETURN TO: MARINE CORPS BASE
ATTN: SPONSORSHIP COORDINATOR
(Unit POC/Unit Address)

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