

RECORD OF DISCLOSURE/CONSENT AUTHORIZATION FORM

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice NM05211-1 Privacy Act Request/Amendment Files and Tracking System (April 2, 2008, 73 FR 17959), and for official use only. **AUTHORITY** 10 U.S.C. 5013 and E.O. 9397, this form is for official use only. The **PURPOSE** of this form is 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. A record from a system or records maintained by the DoD component may be disclosed as a **ROUTINE USE** to a federal, state, or local agency maintaining civil, criminal, or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to a DoD Component for a decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, the reporting of an investigation of an employee, or the issuance of a license, grant, or other benefit. **DISCLOSURE** is **MANDATORY**.

1. IDENTIFYING INFORMATION ON SUBJECT

- a. Name of Individual: _____
- b. Grade/Rank: (Enter if not USMC) _____ c. Title: _____
- d. Individual's Social Security Number (999999999): _____

2. PERTINENT DATA TO WHOM DISCLOSURE WAS MADE

- a. Date of Disclosure (DD MMM YYYY): _____
- b. Nature and Purpose of Disclosure:

- c. Name of Person to Whom Disclosure Made: _____
- d. Address: _____ Phone Number _____
- e. Office to Which Disclosure was Made: _____

3. INFORMATION ON PERSON MAKING DISCLOSURE

- a. Name of Individual: _____
- b. Grade/Rank: (Enter if not USMC) _____
- c. Office or Title: _____
- d. Duty Station Address:

I HEREBY AUTHORIZE THE MARINE CORPS TO VERIFY MY SOCIAL SECURITY NUMBER AND TO DISCLOSE MY INFORMATION FOR OFFICIAL USE ONLY. UNLESS SPECIFICALLY OTHERWISE AUTHORIZED BY MYSELF.

Signature of Individual: _____ Date (DD MMM YYYY): _____