

NAVY REGION JAPAN PRIVACY ACT REQUEST FORM

PRIVACY ACT STATEMENT: Privacy Act data is maintained under Systems of Record Notice NM05211-1. AUTHORITY: 5 U.S.C. 552a, The Privacy Act of 1974, as amended; 10 U.S.C. 5013, Secretary of the Navy; Secretary of the Navy Instruction 5211.5E, Department of the Navy Privacy Act Program; E.O. 9397 (SSN). PURPOSE: 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 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 the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). Disclosure is voluntary, however, failure to provide all the requested information could lead to a denial of the request based on inadequate data.

1. Requester Information:

Name

Installation Where Records are Located

Date of Birth

Address

Phone Number

Email Address

I am a United States citizen or lawful permanent resident of the United States (**check one**): Yes ☐ No ☐

2. By completing this form I acknowledge and understand that in order to submit a request under the Privacy Act of 1974, 5 U.S.C. § 552a, I must either be a citizen of the United States or a person lawfully admitted for permanent residence. I acknowledge and understand that if my request cannot be processed under the Privacy Act, it will be processed under the Freedom of Information Act (FOIA), 5 U.S.C. § 552. I understand I may owe fees in order to process my request.

3. I am requesting the following record(s) (**check all applicable**):

- ☐ Installation Security Incident Report/Traffic Accident Report
- ☐ Fleet and Family Support Center Records
- ☐ Other

4. The following is a brief description of the record(s) I am seeking:

Date of record(s) (if known):

My name at the time of record(s) (if different from above):

Requested delivery method of records (**check one**): EMAIL ☐ MAIL ☐ I WILL PICK UP ☐

5. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both. I understand that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5000.

Signature **Ink signature only. Digital not accepted**

Date

FOR INTERNAL USE ONLY

Date Received: Received by: Internal Case Number:

CONTAINS CUI – CONTAINS PERSONNEL IDENTIFIABLE INFORMATION (PII)