

NAVY REGION JAPAN ROUTINE USE DISCLOSURE 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

Organization (if applicable)

Address

Phone Number

Email Address

2. Category of requester (**check one**):

☐ I certify that I am an individual that was involved in an incident on base, the attorney for such an individual, or a representative of an insurance company, and that I am seeking access to a copy of the Security Incident Report for the purpose of adjudicating a claim, such as personal injury, traffic accident, or other damage to property under the "routine use" provisions of Privacy Act Systems Notice NM05580-1. If yes, please provide the social security of you or your client: _____. Please note, the release of personal information under this routine use is limited to that required to adjudicate a claim.

☐ Other (Federal, State, or local agency for civil or criminal purposes; background check/security clearance, etc.). Please disclose purpose of request: _____.

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

- ☐ Installation Security Incident Report/Traffic Accident Report
- ☐ Family Advocacy Program (FAP) Record
- ☐ Other

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

Date of record(s) (if known): _____

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 PERSONAL IDENTIFIABLE INFORMATION (PII)