

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

MILITARY PERSONNEL DATA FORM

PRIVACY ACT STATEMENT

In accordance with 5 U.S.C.552a(e)(3), the following information is provided to you when supplying personal information directly to the U.S. Coast Guard:

AUTHORITY: 14 USC 632.

PURPOSE: (1) to establish an official file for each individual who is assigned to Coast Guard Headquarters; (2) to compile a register of military personnel in Washington D.C. area COMDTINST M1720.3F; and (3) to furnish a local address for mailing the W-2 Form.

ROUTINE USE:

DISCLOSURE: Disclosure is not required by law; however this information is essential for the operation of Coast Guard Headquarters. Failure to provide the information would preclude timely contact with the individual, with possible resultant disruption of Headquarters operations, and/or delay in contacting dependents in case of emergency and might result in a delay for the individual in receiving the W-2 Form.

UNLESS OTHERWISE DIRECTED BY MEMBER, INFORMATION PUBLISHED IN COMDTINST M1720.3F SHALL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

INSTRUCTIONS

This form must be completed immediately upon reporting for duty at Headquarters, and whenever there is any change to the information supplied below. This form will be forwarded to the messenger stations indicated.

DISTRIBUTION (Check proper box on each copy)

- | | | | | |
|-----------------------------------|---|--------------------------|---|-----------|
| <input type="checkbox"/> Original | - | Facilities Branch | - | HSC (a-2) |
| <input type="checkbox"/> Copy | - | Flag Plot Duty Officer | - | G-OPF |
| <input type="checkbox"/> Copy | - | Personnel Reporting Unit | - | HSC (a-1) |

REASON FOR SUBMISSION

- Initial Submission Change of Item(s) (List items being change by block no.): _____

1. Name (Last, First, MI):		2. SSN:		3. Grade/Rate:	
4. Organization/Routing Symbol (i.e. WPM-1):			5. Room No.:	5a Building:	6. HQ Telephone No.:
7. Are you chief of your office, division, or branch?		<input type="checkbox"/> Yes <input type="checkbox"/> No		8. Title in Headquarters:	
Are you deputy chief of your office, division, or branch?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Local Home Address (No., Street, Apt. No., City, State):					10. Zip Code:
11. If you were to call your local home telephone number from Headquarters, would the call be a long distance call?		12. Local Home Telephone No. and Area Code:		12a. This is an unlisted number "For Duty Officer Use Only" and "Not to be Published in COMDTINST M1720.3F."	13. Spouse's Name (Last, First, MI):
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	

14. Date of Submission:	15. Signature:	REMARKS
16. Permission for Publication in COMDTINST M1720.3F:		
<p style="text-align: center;">I hereby give my permission for the following blocks to be published in COMDTINST M1720.3F: Blocks 1, 3, 5, 6, 9, 10, 12 (as qualified by 12a), and 13.</p> <p>Signature: _____</p>		

