

**FREEDOM OF INFORMATION ACT/PRIVACY ACT REQUEST****PRIVACY ACT STATEMENT**

Under the **AUTHORITY** of 5 U.S.C. 552 Freedom of Information Act (FOIA), 5 U.S.C. 552(a) Privacy Act (PA), 10 U.S.C. 5041, Headquarters, Marine Corps; Secretary of the Navy Instructions 5720.42F, Department of the Navy Freedom of Information Act Program, and 5211.5, Department of the Navy Privacy Act Program; this form is Controlled Unclassified Information for the **PURPOSE** of tracking, processing, and coordinating requests made under the provisions of the FOIA and/or PA. Information collected on this form will be filed within a PA System of Records collection governed by PA System of Records Notices [NM5720-1](#) (FOIA) or [NM5211-1](#) (PA). In addition to those **ROUTINE USES** generally permitted under section (b) of the PA, the information may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) to individuals who file FOIA requests for access to information on who has made FOIA requests and/or what is being requested under FOIA. **DISCLOSURE** of the requested information is voluntary, but failure to adequately describe the requested records or provide complete contact information will prevent or delay the processing of the request.

**NOTE:** You may use Secure Release instead of this form to electronically submit a request and receive a response. If you are requesting personal information, you will still need to sign an unsworn declaration (use CC 5720/2, Block 13 of this form, or write out the declaration) and upload it to the online request. If you do not use Secure Release you may use this form (or a letter containing the same information) to submit a request directly to the Marine Air Ground Task Force Training Command, Marine Corps Air Ground Combat Center as instructed below.

1. Date of Request (DD MMM YY):

2. FOIA/PA #  
(for office use only)

I would like to submit a request under the Freedom of Information Act/Privacy Act and/or Routine Use. The following information is provided:

3. I am willing to pay the fees associated with processing my request up to \$250.00 or \_\_\_\_\_

 Fee Waiver Justification: \_\_\_\_\_ Expedited Request Justification: \_\_\_\_\_

4. Provide enough information to identify the document you are requesting (i.e. type of document, contract number or description, probable location of the document, etc.) Do not write your Social Security Number or other personal information on this form. Be sure to provide your telephone number and/or e-mail in the Contact Information so we can contact you for additional information if necessary.

REQUESTER CONTACT INFORMATION (type or print clearly):

5. Name

6. Address

7. City

8. State

9. Zip Code

10. Phone Number

11. E-mail

12. How do you wish to receive your response?

 Pick Up Mailed Electronic

13. 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 as the requester.

Printed name of requester

Signature of Requester

You may submit this request by uploading to Secure Release at <https://www.securerelease.us>,

e-mail to: [SMBPLMSG-1FOIA@usmc.mil](mailto:SMBPLMSG-1FOIA@usmc.mil),

or mail to:

Commanding General

Attn: Adjutant (FOIA)

Box 788101

MAGTFTC, MCAGCC

Twentynine Palms, CA 92278

**"Controlled Unclassified Information - PRIVACY"**

Any misuse or unauthorized release of personal information could result in both civil and criminal penalties.

Requests for documents containing personal information must be signed by the requester. Digital signatures accepted only from CAC users.