

**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 5720.42G, Department of the Navy Freedom of Information Act Program, and 5211.5, Department of the Navy Privacy Act Program; this form is FOR OFFICIAL USE ONLY 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:** If you are requesting personal information, you will need to sign an unsworn declaration and upload it to the e-mail request (use CC 5720/2, Block 13 of this form, or write out the declaration) and upload it along with this form. Submit requests 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

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  
(Required)

12. How do you wish to receive your response?

PICK UP

MAILED

E-MAIL

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 e-mailing to:****SMBPLMSG-1FOIA@usmc.mil,****or mail to:**

Commanding General

Attn: Adjutant (FOIA)

Box 788101

MAGFTC, MCAGCC

Twentynine Palms, CA 92278

**"FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE"**

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.