

USMC FAMILY CARE PROGRAMS CONSENT TO RELEASE INFORMATION

OMB No. 0703-0068

OMB Approval Expires
09/30/2025

Please read the Privacy Act Statement on back before completing the form.

The public reporting burden for this collection of information, OMB No. 0703-0068, is estimated to average 0.17 hours (10 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS. Responses should be sent to your Regional Director.

GENERAL INFORMATION

1. Name

2. Date of Birth

3. Agency Name, Title, and Name of Specific Staff Contact Person or Designee

4. Additional agencies who may exchange information are listed on the back ☐ Yes ☐ No**SOURCE AND TYPE OF INFORMATION**

5. This authorization applies as following:

YES	NO		YES	NO	
<input type="radio"/>	<input type="radio"/>	Assessment Information	<input type="radio"/>	<input type="radio"/>	Mental Health/Psychiatric/Psychological Records and Information
<input type="radio"/>	<input type="radio"/>	Educational Records and Information	<input type="radio"/>	<input type="radio"/>	Health and Medical Records and Information

6. Other information that may be released or exchanged (please specify or enter N/A)

7. The form of information that may be exchanged (please initial):

Written

Verbal

Computerized Data

8. This information may be exchanged for the following purposes (please initial all that apply):

Service Coordination and Treatment Planning

Eligibility Determination

Accommodations for MFY

Other (specify):

ACKNOWLEDGEMENT

I understand this authorization and consent will remain effective for one year from date of signature unless I revoke it sooner by notifying the agencies or individuals orally or in writing. This will stop the exchange of information authorized by this document. I understand that I have the right to know the nature of the information being exchanged, and why, when, and with whom it was shared. A copy of this signed authorization and consent is valid to exchange information. If I do not sign this form, information about me or my family member will not be exchanged and I will have to make other arrangements to obtain and provide Family Care Programs personnel necessary information about me or my family member that is held by other agencies.

I am/are the (Check one): ☐ Self ☐ Parent/Legal Guardian or Custodian ☐ Agent Acting Pursuant to a Power of Attorney

Mailing Address:

Print Name:

Signature:

Date:

NAVMC 11720 (6-22) (EF)**CUI (when filled in)**

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Previous versions are obsolete

Controlled by: USMC
CUI Category: PRVCY
LDC: DL ONLY
POC: MFPrivacy@usmc.mil

AEM Form Designer 6.5

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; DoD Instruction 6060.02, Child Development Programs; DoD Instruction 6060.4, Youth Programs; OPNAVINST 1700.9 series; Marine Corps Order 1710.30, Marine Corps Child and Youth Programs (CYP); E.O. 9397 (SSN), as amended; and SORN NM01754-3.

PURPOSE: The primary purpose of this form is to obtain consent to share Information about a patron participating in a Marine Corps Family Care Programs (MFY) between MFY personnel and other designated individuals or organizations. The information exchanged will support authorized MFY services to the patron.

ROUTINE USES: Information will be accessed by MYF personnel with a need to know to meet the purpose. Information may be disclosed to the specifically authorized individuals or organizations listed on the form. Any release of information contained in this system of records will be compatible with the purposes for which the information is collected and maintained. A complete list and explanation of the applicable routine uses are published in the authorizing SORN available at: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DODwide-SORN-Article-View/Article/570428/nm01754-3/>.

DISCLOSURE: Providing information is voluntary; however, failure to complete the form will limit MFY's ability to communicate with organizations or individuals outside of DoD and may adversely affect available services.

RECORD MANAGEMENT: This form shall be managed in accordance with record schedule 1000-39, "Family Support Programs (Temporary)" of SECNAV M-5210.1.