



COMMANDER, NAVY REGION MID-ATLANTIC
SECURITY INCIDENT REPORT

ROUTINE USE DISCLOSURE REQUEST

AUTHORITY: 5

U.S.C. 552a, The Privacy Act of 1974, as amended; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; Secretary of the Navy Instruction 5211.5E, Department of the Navy Privacy Act Program and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: 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.

ROUTINE USES: 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) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the Navy's compilation of systems of records notices also apply to this system.

DISCLOSURE IS REQUIRED: Voluntary. However, failure to provide all the requested information could lead to a denial of the request based on inadequate data.

Check the category of requestor:

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.

Other (includes individuals involved in incidents who are seeking the information for reasons other than filing/adjudicating a claim)

1. Full name: _____

2. If you are requesting as a Command representative, please state which Command: _____

3. Date/Description of Incident: _____

4. Mailing Address: _____

5. Phone number: _____

6. If you would like to receive your report by email, please provide address: _____

Date: _____

Signature of Requester