UNITED STATES MARINE CORPS
PROVOST MARSHAL'S OFFICE
CAMP SMEDLEY D. BUTLER, OKINAWA
UNIT 35002
FPO AP 96373-5025

FOSTER, BLDG 496, 645-7352

BACKGROUND RECORDS CHECK

PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT: This document falls purview to the Privacy Act of 1974. This requirement is to prevent an unwarranted disclosure to any person other than the one to whom the records or personal information pertains. Under the Privacy Act of 1974, Reasonable care must be taken to ensure that personal information is not subject to unauthorized disclosure during records dissemination and disposal. Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DoD Instruction 1402.5 Implementing Public Law 101-847, Section 231, and Public Law 102-190, Section 1094.
PRINCIPLE PURPOSE: This form will be used by officials of the Department of Navy to obtain a background records check.
RIGHT TO CHALLENGE: You have the right to challenge the accuracy of records under the provisions of DoD directive 5400.11
DISCLOSURE: Completion of this form is voluntary; and I hereby authorize the use of my name and social security number to be used for a background records check for the purpose of:

For Base Pass Issuance

(PURPOSE FOR REQUESTING LOCAL RECORDS CHECK)

NAME (LAST, FIRST, MIDDLE) *SSN* *GRADE* *MOS*

U.S. NAVAL HOSPITAL, OKINAWA

ORGANIZATION

DATE OF BIRTH *PLACE OF BIRTH* *CITIZENSHIP*

CLEARANCE STATUS (DEGREE) *BASIS* *COMPLETED BY (AGENCY)* *DATE COMPLETED*

SIGNATURE: _____ **DATE:** _____

RECORDS CHECK REVEALED: *(Check the appropriate box)*

- ☐ NO RECORDS AVAILABLE.
- ☐ RECORDS AVAILABLE; NO UNFAVORABLE INFORMATION INDICATED.
- ☐ THE FOLLOWING RECORDS:

USE REVERSE SIDE OF THIS DOCUMENT IF MORE SPACE IS NEED

CHECKED BY: _____

SIGNATURE: _____

DATE & TIME CHECKED: _____/_____

VOID IF MISSING PMO SEAL