This Authorization is solely for use by the Unit, Personal and Family Readiness Program (UPFRP) and is not to be confused with the Record of Emergency Data (RED). While information provided may be the same for both the UPFRP Authorization and the RED, the RED is the official record and will be referred to for all official communication outside the parameters of the UPFRP, e.g. casualty notification.

AUTHORITY: 10 USC 5013; EO 9397; 10 USC 5041

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE(S): To obtain required information for Marines, spouses and designated contacts for the identified Unit, Personal and Family Readiness Program to enable the unit Commander and designated staff members and authorized volunteers to communicate in an accurate, rapid, and efficient manner with Marine, spouse and Designated Contacts on matters relating to their Unit, Personal and Family Readiness Program. Access to personally identifiable information contained on data sheets will be on an official "need to know" basis and granted only to authorized persons with current certificates showing completion of requisite Personally Identifiable Information Training.

ROUTINE USES(S): None.

DISCLOSURE: Participation is mandatory for Marines. Marines must provide a primary and secondary contact path. It is also mandatory for married Marines to provide a primary contact path for spouse or a signed Opt-out Form should the spouse choose not to participate. For military personnel, generally MCO 1754.9A, Chapter 4, paragraph 2(c) and (d) and Chapter 3(d) are lawful orders and are punitive in nature. Violations may result in disciplinary action under Article 92 of Uniform Code of Military Justice, and/ or other adverse administrative action. Single Marines should provide contact information for at least one designated contact. All designated contacts must be over the age of 18 with the exception of a Marine. The current Unique ID, "Last Name, Last Four" is required as it is essential to identify the sponsor and his/her designated contacts.

Marine Name :			
Unit :			
Family Readiness	Officer :		

Instructions :

*Designated Contact #1:

I hereby authorize the unit commander and designated members of the unit's Family Readiness Command Team, to include but not limited to, the unit Family Readiness Officer (FRO) and designated UPFRP Volunteers to communicate with my spouse*, and individuals I have listed below, hereinafter referred to as "Designated Contacts" on matters pertaining to the UPFRP. Designated Contacts must be 18 years of age or older, with the exception of a spouse.

*It is mandatory for spo	ouses to be listed as	Designated Contact #1	for married sponsors or	submit a signed Opt-Out Form.

Designated Contact #2:	
Designated Contact #3:	
Designated Contact #4:	

Communication will be in compliance with Marine Corps Order 1754.9A, Unit, Personal and Family Readiness Program, and deemed by the unit commander to be relevant, appropriate and in accordance with his vision and intent for his UPFRP.

The UPFRP will use tools within the Organizational Communication System to effect clear and direct communication on matters pertaining to personal and family readiness (readiness and deployment support, information and referral and official command communications) between the Marine, spouse* and Designated Contacts. (DoN Systems of Record Notice M01754-5)

Marine Signature :

Marine Name :

Rank :

Marine Name :	
Unit :	
Family Readiness Officer :	
Instructions :	
All Marines: All Marines are required to provide LAST NAME, FIRST NAME, PATH AND ONE SECONDARY CONTACT PATH to enable re The Marine may choose from any of the available delivery path Designated Contacts must be 18 years of age or older, u Ensure information is complete.	liable and timely delivery of communication from the command. s listed below.
Single Marines : Single Marines - at least one designated contact must be r	noted.
Married Marines : Spouse* shall be entered as Designated Contact #1. One to enable reliable and timely delivery of communication fr signed Opt-Out Form is on file with the unit.	
(*Spouse has the right to Opt-Out; however, information for the spouse is req to the unit at which time the information for the spouse will be deleted. Opting of receiving official communication, information and referral services from the communication from the command including deployment-related communication	out is not a recommended course of action due to the benefits UPFRP. Should the Spouse Opt-Out, all family readiness
Language Codes : A Code other than E (English) will alert the FRO that the understanding communications in English. There is no guarantee that transla	
E=English S=Spanish (Europe or Latin America) J=Japanese F=Fren	ch I=Italian P=Portuguese
	nated Contacts must be 18 years of age or older he exception of a spouse.
S=Spouse *C=Child P=Parent *F=Family member or other contact	
Marine Information (Mandatory) For military personnel, Chapter 1, para. 4.a(1)(a) and nature. Violations may result in disciplinary action under Article 92 of the Uniform Code of MiNAME, FIRST NAME, SSN (LAST 4), DATE OF BIRTH, PRIMARY/SECONDARY PATHS OF CON	litary Justice and/or other adverse administrative action. REQUIRED: LAST
UIC Last Name Fi	rst Name MI SSN (last 4)
Address	Apt No. Date of Birth (MM/DD/YYYY)
City State Zip	Country
Work E-Mail Address Home E-Mail Address	Alternate E-Mail Address
Work Cell Phone Personal Cell Phone Work	Phone Ext. Home Phone
Language	
	•

2 of 4

Marine Name :										
Unit :										
Family Readiness Officer :										
Designated Contact #1										
It is mandatory for married Marines to signatures is submitted to the unit a PRIMARY/SECONDARY PATH OF CO	t which time th	e informatio	n for the	spouse will be delet	ted. REQUI					vith
Last Name				First Name				MI	Conta	act Code
Address										Apt No.
City		State	Zip		Countr	у				•
Work E-Mail Address	ŀ	lome E-Mail /	Address		A	lternate E	-Mail Address			
Work Cell Phone	Personal Cell I	Phone		Work Phone		Ext.	Home Phone			
Language										
Designated Contact #2 - OPTION	AL FOR ALL	MARINES/	PERSO		E 18 YEA	RS OF A	GE OR OLDE			
Last Name				First Name				MI	Conta	act Code
Address										Apt No.
City		State	Zip		Count	ry				
Work E-Mail Address	۱ 	lome E-Mail /	Address		A	lternate E	-Mail Address			
Work Cell Phone	Personal Cell I	Phone		Work Phone		Ext.	Home Phone			
Language										

_

FOR OFFICIAL USE ONLY

Marine Name :	
Unit :	
Family Readiness	Officer :

Designated Contact #3 - OPTIONAL FOR ALL MARINES/ PERSON LISTED MUST BE 18 YEARS OF AGE OR OLDER

Last Name				First Name				MI	Contact Code
Address									Apt No.
City		State	Zip		Cou	intry			
Work E-Mail Address		Home E-Mail	Address			Alternate E	-Mail Address		
Work Cell Phone	Personal Cell	Phone		Work Phone		Ext.	Home Phone		
Language									

Last Name				First Name				MI	Contact C
Address								1	Apt
City		State	Zip		Count	ry			•
Work E-Mail Address		Home E-Mail	Address		Ā	Alternate I	E-Mail Address		
Work Cell Phone	Personal Cell	Phone		Work Phone		Ext.	Home Phone		
Language				•					

FOR OFFICIAL USE ONLY