

Unit, Personal and Family Readiness Program Authorization

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.

PRIVACY ACT STATEMENT

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

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 : DELTA CO, 3D AABN

Family Readiness Officer : _____ 760-830-8379

Instructions :

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.

*Designated Contact #1 : _____

*It is mandatory for spouses 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 : _____

Unit, Personal and Family Readiness Program Authorization

Marine Name : _____

Unit : DELTA CO, 3D AABN _____

Family Readiness Officer : _____ 760-830-8379 _____

Instructions :

All Marines : All Marines are required to provide LAST NAME, FIRST NAME, LAST 4 OF SSN, BIRTHDATE, ONE PRIMARY CONTACT PATH AND ONE SECONDARY CONTACT PATH to enable reliable and timely delivery of communication from the command. The Marine may choose from any of the available delivery paths listed below.
 Designated Contacts must be 18 years of age or older, unless a spouse.
 Ensure information is complete.

Single Marines : Single Marines - at least one designated contact must be noted.

Married Marines : Spouse* shall be entered as Designated Contact #1. One primary contact path and one secondary contact path to enable reliable and timely delivery of communication from the command to the spouse is required unless/until a signed Opt-Out Form is on file with the unit.

(*Spouse has the right to Opt-Out; however, information for the spouse is required until an Opt-Out Form with signatures is submitted to the unit at which time the information for the spouse will be deleted. Opting out is not a recommended course of action due to the benefits of receiving official communication, information and referral services from the UPFRP. Should the Spouse Opt-Out, all family readiness communication from the command including deployment-related communications, will be the responsibility of the sponsor.)

Language Codes : A Code other than E (English) will alert the FRO that the Designated Contact is not fluent or may have difficulty understanding communications in English. There is no guarantee that translation will be available should another language code be provided.

E=English S=Spanish (Europe or Latin America) J=Japanese F=French I=Italian P=Portuguese

Contact Codes : For all Designated Contacts, enter the appropriate contact code. * Designated Contacts must be 18 years of age or older with the 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 (b); Chapter 2, para. 2.k of MCO 1754.9 are lawful orders and punitive in nature. Violations may result in disciplinary action under Article 92 of the Uniform Code of Military Justice and/or other adverse administrative action. REQUIRED: LAST NAME, FIRST NAME, SSN (LAST 4), DATE OF BIRTH, PRIMARY/SECONDARY PATHS OF CONTACT									
UIC	Last Name	First Name				MI SSN (last 4)			
M									
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									

Unit, Personal and Family Readiness Program Authorization

Marine Name : _____

Unit : DELTA CO, 3D AABN

Family Readiness Officer : _____ 760-830-8379

Designated Contact #1

It is mandatory for married Marines to provide required information for their spouse as Designated Contact #1 unless/until an Opt-Out Form with signatures is submitted to the unit at which time the information for the spouse will be deleted. REQUIRED: LAST NAME, FIRST NAME, PRIMARY/SECONDARY PATH OF CONTACT, Single Marines must designate at least one contact.

Last Name	First Name	MI	Contact Code
Address			Apt No.
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			

Designated Contact #2 - 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	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			

Marine Initial _____

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Marine Name : _____

Unit : DELTA CO, 3D AABN

Family Readiness Officer : _____ 760-830-8379

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	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			

Designated Contact #4 - 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	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			

Marine Initial _____