

## MIDSHIPMEN DEVELOPMENT CENTER AUTHORIZATION FOR RELEASE OF INFORMATION

**PRIVACY ACT STATEMENT:**

**AUTHORITY:** U.S.C 301, Departmental Regulations, 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. § 6951a - U.S. Code - Unannotated Title 10. Armed Forces § 6951a-Superintendent; DoDI 1322.22, Service Academies; 10 USC 136, Secretary of Defense For Personnel and Readiness; DoDD 1145.2, United States Military Entrance Processing Command; DoDI 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services.

**PURPOSE:** Provide a record of the release authorization of information from Midshipmen Development Center (MDC) client files to first and third party requesters.

**ROUTINE USES:** Used by the staff of the MDC to maintain a record of authorization of the release of information from MDC client files to third parties.

**DISCLOSURE:** Voluntary, but refusal to provide necessary information could result in denial of the release of information maintained in MDC client files to third parties.

I hereby authorize the Midshipmen Development Center to release all pertinent information contained in my case file to the following person(s) listed below, and for Midshipmen Development Center staff to disclose information about my case to them. I understand that I may revoke this authorization at any time without adverse consequences and that I have had any and all questions prior to signing.

1. CLIENT NAME ( <i>Last, First MI</i> ):	2. ALPHA:
3. COMPANY:	4. MDC COUNSELOR NAME:
5. PERSONS TO WHOM INFORMATION MAY BE RELEASED:	
6. INFORMATION TO BE RELEASED:	
7. INFORMATION NOT TO BE RELEASED:	
<b>I declare under penalty of perjury that the foregoing is true and correct.</b>	
8. CLIENT SIGNATURE:	9. DATE:
10. WITNESS SIGNATURE:	11. DATE: