DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

MILITARY PERSONNEL CASUALTY CASE

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1588(a)(3)(A), 10 USC 2771, 37 USC 555-556.

PRINCIPAL PURPOSES: Used by family members, next-of-kin, and others after a personnel casualty to authorize or restrict the release of personal information related to offers of support and condolences such as letters, gifts, grants, counseling, and financial relief. No SSN or Employee Identification Number (EMPLID) is needed.

ROUTINE USES: Authorizes Coast Guard representatives to provide personal information to third parties offering support or condolences.

Some information about a living person may be shared within the Executive Branch without specific authorization, such as the Department of Homeland Security, Department of Veterans Affairs, Social Security Administration, and the White House. Release outside the Executive Branch is usually restricted to only those agencies, organizations, or individuals authorized by the living person, or a person acting on their behalf. For example, Members of Congress and Governors of States receive information only when the release is authorized.

DISCLOSURE: Disclosure is voluntary. Information will be disclosed to third parties outside the Executive Branch only if authorized.

- A personal decision to authorize release of information is always optional.
- If a person has not yet made a decision then there is no authority to release the information.
- A person is not required to sign this form. Not signing is the same as saying "do not release."
- Information released may be limited by specifying the information that may be released and the recipient.

NOTES and INSTRUCTIONS

1. This form is OPTIONAL.
2. Authorization may be revoked at any time. However, information released as previously authorized cannot be recalled or cancelled. Revocation is not retroactive with respect to actions already taken. If I decide to amend or revoke this authorization I will contact the **Office of Casualty Matters at 703-872-6647**.
3. In lieu of this form, other documentation may be used to authorize release of information (*e.g., a signed letter, witnessed verbal statement, or email*).

Identity of Casualty	Person signing this form

I authorize the U.S. Coast Guard Personnel Service Center, Office of Casualty Matters, and its agents to release personal information to organizations or individuals described generally or specifically on this form.

I have authority to act for myself, for minor members of my family, and for any living persons identified on this form.

Signature _____ Date _____

1. Action Authorized *(may check more than one)*

- ☐ Release no information unless I authorize the release in the future. *(default)*
- ☐ Release information, but only after (*date and time, or event*): _____
- ☐ Release limited information as noted below.

2. Information to be Released

- ☐ None, except as required by law. *(default)*
- ☐ Limited (*specify*): _____
- ☐ Full, including name, mailing address, phone, email, etc. as listed on page 2 of this form

3. Information Applies to *(may check more than one)*

- ☐ Myself *(default)*
- ☐ My spouse
- ☐ My minor children (*may include stepchildren of my household, adopted children, and natural children*), specifically

  _____

- ☐ Other person (*specify*) _____

4. Release Information to *(may check more than one)*

- ☐ None, except as required by law. *(default)*
- ☐ Federal elected officials, including Members of Congress and U.S. Senators.
- ☐ State, territory, tribal, or municipal government elected or appointed officials including Governors of States, the Mayor of the District of Columbia, etc.
- ☐ Non-governmental organizations offering support or condolences such as letters, gifts, grants, counseling, or financial relief.
- ☐ Individuals offering support or condolences.
- ☐ Organizations known to or vetted by the Coast Guard or other uniformed service.
- ☐ Organizations listed in Chapter 6 of the *Survivor's Guide to Benefits.*
- ☐ Only those Organizations or individuals listed on page 2 of this form.

RESET

Identity of Casualty	Identity of Person signing page 1

Notes

- Provide only information that may be released.
- Blank lines are okay if that is what you want.
- You may add specific directions if needed.
- For more than six people, add another page.
- This form is optional.

Information to be released according to directions on page 1

Title, Name, Suffix	Relationship to Deceased	Age *(if minor)*
Mailing Address	Phone	Email
Restrictions, or Organizations to receive information *(no restrictions if left blank)*		

Title, Name, Suffix	Relationship to Deceased	Age *(if minor)*
Mailing Address	Phone	Email
Restrictions, or Organizations to receive information *(no restrictions if left blank)*		

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RESET