

EMERGENCY EVACUATION PERSONNEL INFORMATION

INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, U.S.C. 5701-5742; Title 37, U.S.C. 404-427, and E.O. 9397
 PRINCIPAL PURPOSE: Used for reviewing, approving, accounting and disbursing for official travel, EMPLID is used to maintain a numerical identification system for individual claims. Contact information will be used to locate and ensure the safety of our personnel as required by Commandant.
 ROUTINE: To substantiate claims for reimbursement for official travel.

Contact information is necessary to satisfy preparedness and response requirements. This information is considered sensitive, FOUO and will be handled as such.

DATE FORM SUBMITTED: _____ DUTY STATION: **Base Portsmouth**

MEMBER'S NAME: _____ EMPLID: _____ RANK/ GRADE: _____

DO YOU HAVE A GOV'T TRAVEL CARD? YES NO LIMIT ON CARD? \$ 0.00

DEPARTMENT: _____ DIVISION: _____ OFFICE PHONE #: () _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CHECK ONE: LEASED/GOV'T HOUSING YES NO

HOME E-MAIL ADDRESS (optional): _____

PRIMARY CONTACT #: HOME CELLPHONE (Include Area Code)

SECONDARY CONTACT #: HOME CELLPHONE (Include Area Code)

OUT OF AREA/THIRD PARTY CONTACT NUMBER FOR SOMEONE WHO WOULD KNOW HOW TO CONTACT YOU IN AN EMERGENCY (Name not needed, include Area Code)

Failure to furnish Evacuation information requested may result in total or partial denial of amount claimed.

DEPENDENT INFORMATION

Number of Dependents residing with you:

Name	Age	Gender	Relationship	Living with Member, at college (name & location of college), special needs, etc.

EVACUATION DESTINATION

IN CASE OF AN EVACUATION ORDER, DO YOU HAVE AN INTENDED EVACUATION LOCATION?

CITY: _____ STATE: _____ ZIP CODE: _____

ADDRESS (IF KNOWN): _____

PHONE # (IF KNOWN – please include Area Code): _____

WILL YOU BE ACCOMPANYING YOUR FAMILY? YES NO

IF NO, WHERE WILL YOU BE? _____