PRIVACY ACT STATEMENT

AUTHORITY FOR COLLECTION: *10 U.S.C. 3013, Secretary of the Army; 26 U.S.C. 6041, Information at Source; DoD Directive 1015.2, Military Morale, Welfare and Recreation (MWR); DoD Instruction 1015.10, Program for Military Morale, Welfare and Recreation (MWR); AR 215-1, Morale, Welfare and Recreations Activities and Non-appropriated Fund Instrumentalities.*

PRINCIPAL PURPOSE: *Provides a means to ensure that all individuals who request access to MWR facilities located at Fort Detrick are eligible employee sponsors for their family members, and that family members are age-eligible. Records are kept in a facility that is secured 24 hours a day with restricted access. Data access is restricted to specific individuals with a business "need-to-know" or having an official need, otherwise.*

ROUTINE USES: *To be used to validate the eligibility of requestors and family members seeking use of MWR facilities at Fort Detrick.*

DISCLOSURE: *Voluntary; however, failure to provide requested information may impede the Family Moral, Welfare, and Recreation personnel from being able to assist individuals effectively.*

MWR Rec Trac Form

Sponsor's Status

CHOOSE ONE OF THE FOLLOWING:

- ☐ X1 ACTIVE DUTY MILITARY
- ☐ X2 RETIRED MILITARY
- ☐ X3 SPOUSE (ACTIVE DUTY/RETIRED)
- ☐ X5 NATIONAL GUARD / RESERVIST
- ☐ X6 DOD CIVILIAN
- ☐ X8 NON DOD CONTRACTOR (NIH)
- ☐ X10 DOD CONTRACTOR

Please Complete All Information

SPONSOR

NAME _____ UNIT _____

ADDRESS _____ RANK/GRADE _____

CITY _____ MALE ☐ FEMALE ☐

STATE _____

ZIP CODE _____ DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

Spouse Information

NAME _____

DATE OF BIRTH _____

Children's Names

1. _____ M ☐ F ☐ DATE OF BIRTH _____
2. _____ M ☐ F ☐ DATE OF BIRTH _____
3. _____ M ☐ F ☐ DATE OF BIRTH _____
4. _____ M ☐ F ☐ DATE OF BIRTH _____