

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. Section 3010, 5 U.S.C. 522a

Principal Purpose: Information will be used to update family member contact information.

Routine Uses: Primary use of this information is to facilitate communication between the command and the family in the event of an emergency.

Mandatory or Voluntary Disclosure: Voluntary

Family Member Leave Form

Name:

Address:

Phone: (h)_____ (c)_____ (City) _____ (State) _____

:
Battalion/Squadron Soldier is in:_____ Company/Troop Soldier is in: _____

1. I am leaving the Ft Carson/Colorado Springs area. I want to ensure that Rear Detachment and my Family Readiness Group can contact me in the event of an emergency.
2. I will be gone from_____ (departure date) to _____ (return date).
3. The address I will be at is:

Address_____ (City) _____ (State) _____

4. Phone Number I can be reached at:(other number)_____ (h)_____ (c)_____

5. Remarks or Special Instructions: _____

6. If phone numbers, addresses, or if I stay longer than dates on this form, I will contact my FRG Leader or Rear-D Commander of any changes. _____ YES _____ NO

Your signature:_____

Date:_____

Received from:_____ Date:_____

Family Member Instructions:

Please call Staff Duty at 719-xxx-xxxx or your FRG leader and give them this information when you leave town.