

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 Soldier and 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 Key Contact 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 Key Contact and give them this information when you leave town.**