Print Form

Unit, Personal and Family Readiness Program Opt-Out Form

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 5013; EO 9397; 10 USC 5041 PRINCIPAL PURPOSE(S):
To obtain signatures to verify that Marine and spouse have exercised their option to choose not to have the spouse receive official communication from the unit commander via mechanisms within the Unit, Personal and Family Readiness Program.
ROUTINE USES(S): None.
DISCLOSURE: Per MCO 1754.9A, it is mandatory for the Marine to provide requested information or a completed Opt-Out Form (NAVMC 11657) on behalf of the spouse if the spouse does not wish to be contacted by an authorized representative and the Unit, Personal and Family Readiness Program.   For military personnel, generally MCO 1754.9A, Chapter 4, paragraph 2(c) and (d) and paragraph 5(d)are lawful orders and is punitive in nature. Violations may result in disciplinary action under Article 92 of reference (ii), and/or other adverse administrative action.

Spouse Acknowledgment

I do not wish to benefit from the official communication sent from my Marine's unit commander to unit families as part of the Unit, Personal and Family Readiness Program. I understand the importance of these communications and the consequences of not receiving them. I have fully discussed this decision with my Marine. By signing this Opt-Out Form, I have chosen not to be contacted by the Family Readiness Officer who would normally provide official communication regarding information on readiness and deployment, referral services and volunteer opportunities. I also understand that it is now my responsibility to contact the Family Readiness Officer or my Marine for information relevant to official communication on readiness and deployment, referral services and volunteer opportunities. I further understand that this Form may be cancelled by me or my Marine at any time. If I wish to benefit from the services provided by the Unit, Personal and Family Readiness Program, either I or my Marine may contact the Family Readiness Officer and provide required information. This Opt-Out Form will be cancelled effective the date I or my Marine provide a completed Unit, Personal and Readiness Authorization Form to the unit Family Readiness Officer. I have been given an Information Sheet with instructions on how to contact my Marine's Family Readiness Officer.

_____   _____
Signature of Spouse   Date

_____
Name of Spouse

Reset Form

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Marine Acknowledgment

By signing below, I acknowledge that I understand my spouse will not be contacted by the unit Family Readiness Officer who is the liaison between the commander and my family and who would normally contact participating unit spouses with official communication, readiness and deployment support, referral services, and volunteer opportunities. I have been fully briefed on the benefits of the Unit, Personal and Family Readiness Program and have arrived at this decision after fully discussing these benefits with my spouse. I also understand that it will be my responsibility to support my spouse with official communication, information about readiness and deployment, referral services and volunteer opportunities even if I am TAD or deployed.

_____   _____
Signature of Marine   Date

_____
Name of Marine

_____
Unit

Commander Acknowledgment

I have counseled the above-named Marine and provided him/her the opportunity to ask any questions and receive any additional information about the Unit, Personal and Family Readiness Program and communication processes. This command will, therefore, not include said spouse in the periodic dissemination of official unit information via the Family Readiness Officer on matters related to official communication on readiness and deployment support, referral services, or volunteer opportunities unless contacted by said spouse or Marine, even if the unit deploys.

_____   _____
Signature   Date

_____
Printed name & Title of Signing Authority

NAVMC 11657 (Rev. 12-11) (EF)
FOUO - Privacy sensitive when filled in.

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