

PRISONER'S MAIL AND CORRESPONDENCE RECORD

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §136: "Under Secretary of Defense for Personnel and Readiness"; 10 U.S.C. Chapter 48, "Military Correctional Facilities"; DOD Directive 1325.04, "Confinement of Military Prisoners and Administration of Military Correctional Programs and Facilities"; and DOD Instruction 1325.07, "Administration of Military Correctional Facilities and Clemency and Parole Authority."

PRINCIPAL PURPOSES: To record the offender's approved correspondents and notify the offender that all incoming mail with the exception of Privileged Correspondence will be inspected and what actions may be taken regarding inappropriate mail or questionable Privileged Correspondence. This card may also be used to record the issue and amount of stamps.

ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Information may be disclosed to federal, state, and local law enforcement and investigation agencies for use in administration of correctional programs. Additional routine uses are listed in the applicable System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at <https://dpcl.dod.mil/Privacy/SORNs/>.

DISCLOSURE: Voluntary. However, failure to provide all requested information may result in an inability to process the form.

1. PRISONER NAME <i>(Last, First, Middle Initial)</i>	2. REGISTRATION NUMBER	3. MARITAL STATUS <i>(X one)</i> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED	
4. AUTHORIZED CORRESPONDENTS <i>(Name, Relationship, and Address (Include ZIP Code))</i> <i>(Facility/Brig Commander must approve all correspondence.)</i>	a. INCOMING MAIL <i>(Dates (YYYYMMDD))</i>	b. OUTGOING MAIL <i>(Dates (YYYYMMDD))</i>	
(1) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(2) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(3) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(4) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(5) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(6) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(7) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(8) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(9) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
(10) CDR's Initials: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			

CUI (when filled in)

5. I REQUEST THAT THE PERSON(S) LISTED ABOVE BE APPROVED AS MY AUTHORIZED CORRESPONDENTS.

6. a. EXCEPT FOR PRIVILEGED CORRESPONDENCE, I DO NOT DESIRE TO SEND AND/OR RECEIVE MAIL.
 b. I UNDERSTAND THAT ALL INCOMING MAIL WILL BE INSPECTED. INAPPROPRIATE MAIL WILL BE RETURNED TO THE SENDER IF A RETURN ADDRESS IS SHOWN OR HELD FOR ME UNTIL MY RELEASE IF IT CANNOT BE RETURNED TO THE SENDER.
(If applicable, attach 5 x 8 card to identify and record action taken on all correspondence not delivered to prisoner.)

8. VICTIM/WITNESS COORDINATION SCREENING *(Requirement to screen this form prior to Commander's Approval)* Initials Required

9.a. SIGNATURE OF PRISONER

9.b. DATE (YYYYMMDD)

(This area is left blank for the prisoner to provide their signature and date.)