I. PRISONER NAME (Last, First, Middle Initial)		2. REGISTRATION N	UMBER 3. BRANCH OF SERVICE
(Photograph)	supervision. I agree that violation of these or of lo may subject me to discip (a) I will not leave the	t I will abide by the restrictions cal regulations may result in lo dinary action under the UCMJ. e officially specified limits of the	
REMARKS	1		

5. DESCRIPTION								
RIGHT-HANDED	AGE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR			
LEFT-HANDED								
6. INSTALLATION 7. DATE (YYYYMMDD)								
PRIVACY ACT STATEMENT.								
AUTHORITY: Chapter 48, Title 10 U.S.C.; 10 U.S.C. 3013; DoD Directive 1030.1; DoD Directive 1030.2; and E.O. 9397. PRINCIPAL PURPOSE: This information is used to identify and authenticate your status as a trustee.								
ROUTINE USES: Information may be disclosed to local, state, and federal law enforcement and investigation agencies for								
investigation and possible criminal prosecution, civil court actions or regulatory orders. To confinement/correctional agencies for use in the administration of correctional programs including custody classification, employment, training and								
educational assignments, treatment programs, clemency, restoration to duty or parole actions, verification of offender's								
criminal records, employment records, and social histories. To state and local authorities for purposes of providing (1) notification that individuals, who have been convicted of a specified sex offense or an offense against a victim who is a								
minor, will be residing in the state upon release from military confinement and (2) information about the individual for								
inclusion in a state operated sex offender registry. To the Bureau of Prisons for purpose of providing notification that the military transferee has been convicted of a sexually violent offense or an offense against a victim who is a minor. To victims								
and witnesses of crime for the purpose of notifying them of date of parole or clemency hearing and other release related								

activities. The "Blanket Routine Uses" set forth at the beginning of the Service's compilation of systems of records natiso apply to this system.

DISCLOSURE: Required. Execution of this form and the requested information is mandatory for the prisoner to be designated as a trustee.

8. SIGNATURE 9. WITNESS (Confinement Officer)

DD FORM 512 (BACK), A5F'8\$%

FOR OFFICIAL USE ONLY PRIVACY SENSITIVE