PRISONER REQUEST (See Privacy Act Statement)			TRACKING NUMBER (If applicable)
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 PURPOSE(S): To document prisoner's request for an interview or communication with Correctional System staff, to record approval or disapproval of the request and pertinent remarks.			
ROUTINE USE(S): Disclosure of records are generally permitted state, and federal law enforcement and investigative agencies four uses are listed in the applicable System of Records Notice, A015 Confinement Records," and F031 AF SF A, "Correction and Reh	or investigation and po 90-47 DAPM-ACC, "A	ssible criminal prosecution, civil court a rmy Corrections System and Parole Bo	ctions or regulatory orders. Additional routine ard Records," NM01650-1, "Individual
DISCLOSURE: Voluntary. However, failure to provide all requested information may result in an inability to process the form.			
1. TO			2. DATE (YYYYMMDD)
SECTION I - NATURE OF REQUEST			
Indicate type of request in block 3.a. (X appropriate box(es)) and explain request in block 3.b. (use the back of this form if necessary).			
3.a. TYPE OF REQUEST INTERVIEW GRIEVANCE OTHER			
3.b. REMARKS (Explain request)			
4. PRISONER'S NAME (Last, First, Middle Initial) 5		5. REGISTRATION NUMBER	6. BRANCH OF SERVICE
7. SIGNATURE OF PRISONER			
SECTION II - FACILITY USE ONLY			
8.a. FORWARDED TO (Printed Name, Grade, and Organization)			8.b. DATE (YYYYMMDD)
9.a. INTERVIEW WAS HELD WITH (Printed Name, Grade, and Organization)			9.b. DATE (YYYYMMDD)
			,
10. REMARKS			
SECTION III - ACKNOWLEDGEMENT BY PRISONER			
11. PRISONER'S NAME (Last, First, Middle Initial)	12. SIGNATURE O		13. DATE (YYYYMMDD)
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14. STAFF MEMBER'S NAME (Last, First, Middle Initial)	15. SIGNATURE O	F STAFF MEMBER	16. DATE (YYYYMMDD)

DD FORM 510, NOV 2022

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CUI Category: CRIM HISTORY
LDC: FEDCON
POC: osd.mc-alex.ousd-p-r.mbx.upr-legal-policy@mail.mil