

**PRIVACY ADVISORY STATEMENT**  
**NEW YORK NAVAL MILITIA**  
**Accession, Program and Separation Personal Information**

**AUTHORITY FOR COLLECTION OF PERSONAL INFORMATION:** Personal Privacy Protection Law of New York State; Privacy Act of 1974, 5 U.S. Code, sections 552-522a.

**WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** The requested information is mandatory for New York Naval Militia (NYNM) members to insure that: (1) persons applying to join the New York Naval Militia and/or its specific programs meet all eligibility requirements; (2) required pay and tax information is available for purposes of any orders to state active duty; or (3) an applicant to or member of the NYNM is informed of the grounds for separation from the New York Naval Militia, if applicable. If the requested information is not furnished, the NYNM member will not be considered for accession, or assignment for routine or emergency state active duty. If a NYNM member currently serving on routine or emergency state active duty declines to provide the requested information, the NYNM member's assignment to routine or emergency state active duty may be terminated.

**ROUTINE USES:** This all inclusive Privacy Act Statement will apply to all requests for personal information made by the New York Naval Militia. It will become part of your New York Naval Militia service record. The intended use is to maintain a rapid recall capability, and to facilitate and document your eligibility for various New York Naval Militia programs.

**PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:** The primary use of this information is to identify persons who are eligible to serve in the New York Naval Militia and its specific programs. This form provides you the advice required by the New York State Personal Privacy Protection Act and the federal Privacy Act of 1974.

**THIS FORM IS NOT A CONSENT FORM TO RELEASE PERSONAL INFORMATION PERTAINING TO YOU TO AGENCIES AND ENTITIES OUTSIDE OF THE NEW YORK STATE DIVISION OF MILITARY AND NAVAL AFFAIRS AND THE JOINT FORCES OF THE NEW YORK STATE ORGANIZED MILITIA.**

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

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SIGNATURE

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DATE

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PRINTED NAME AND, IF APPLICABLE, GRADE/RANK



**Acknowledgement**

1. I hereby request:

**Check One:**  Separation/Discharge       Retirement

From the New York Naval Militia.

2. I understand that, if approved for retirement, I will be placed on the State Retired List.

3. I further understand that separation or retirement from the New York Naval Militia will prevent me from receiving any further benefits from the New York Naval Militia, to include State Active Duty, non-pay orders, tuition benefits, toll passes, identification cards.

4. (If applicable) I have (or will) separate or retire from my federal reserve component effective this date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

1a. Last Name	1b. First Name	1c. MI	1d. Date of Birth (DD MMM YYYY)	1e. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
1f. Home Address (mailing address)	1g. City	1h. State	1i. Zip Code + 4	1j. SSN
1k. Home Phone (    )	1l. Work Phone (    )		1m. Cell Phone (    )	
1n. Primary Email Address @		1o. Secondary Email Address @		
2a. Reserve Center Name	2b. Reserve Unit Name	2c. Normal Drill Location		

I do here by acknowledge the above criteria for separation/discharge or retirement.

\_\_\_\_\_  
*Signature of Member*

Sworn and subscribed before me. This member has been discharged.

\_\_\_\_\_  
PRINT name of NYNM Certifying Officer

\_\_\_\_\_  
*Signature of Certifying Officer*

*For Official Use Only*

*New York State Long and Faithful Award Information  
Ref: DMNA Reg 672-1*

*Member is eligible for the following Long and Faithful Award: \_\_\_\_\_ Years.*

*Member is separated in the rank of: \_\_\_\_\_*