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


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.

________________________________________________________ _____________________
SIGNATURE        DATE

________________________________________________________
PRINTED NAME AND, IF APPLICABLE, GRADE/RANK
New York Naval Militia (NYNM)  

REQUEST FOR SEPARATION OR RETIREMENT

FOR OFFICIAL USE ONLY
NYNM Form 1900

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: _____/_____/______.

<table>
<thead>
<tr>
<th>1a. Last Name</th>
<th>1b. First Name</th>
<th>1c. MI</th>
<th>1d. Date of Birth (DD MMM YYYY)</th>
<th>1e. Sex</th>
<th>1f. Home Address (mailing address)</th>
<th>1g. City</th>
<th>1h. State</th>
<th>1I. Zip Code + 4</th>
<th>1j. SSN</th>
</tr>
</thead>
</table>
| 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: ________________.