

**Exceptional Family Member Program
Family Support Services**

Sponsor's Name: _____ Last 4 digits of SS# _____

EFM's Name: _____

RELEASE OF INFORMATION. In addition to the authorization for disclosure granted by me in my most current DD Form 2792, I hereby authorize DC M&RA (MRZ-2) to release health information contained in that DD Form 2792 and DD Form 2792-1 to Installation EFMP personnel who require it in the performance of their duties in supporting the needs of my Exceptional Family Member (EFM). They may not disclose this information to anyone else without my express authorization.

AUTHORIZATION OF FAMILY SUPPORT SERVICES. I hereby authorize installation EFMP staff to provide family support services to include case management services to our family.

DECLINING USMC EFMP FAMILY SUPPORT SERVICES. I am declining any family support services provided by the installation EFMP office. I understand that I will only be contacted for EFMP update notification and during assignment relocation.

I understand that this authorization remains effective until I withdraw it in writing to DC M&RA (MRZ-2) or by contacting my installation EFMP Manager.

This consent is effective immediately and will expire when my EFMP enrollment ends or I revoke it, whichever occurs sooner.

Name: _____

Relationship to EFM: _____

Signature: _____ Date: _____