

APPENDIX B – EFMP FORM

United States Marine Corps
Exceptional Family Member Program
Family Support Service Declination Form

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

EFM's Name: _____

I hereby decline EFMP 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).

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: _____