## INSTALLATION PAROLEE - MINIMUM CUSTODY AGREEMENT

*(See Privacy Act Statement on back.)*

| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL | 2. SSN | 3. BRANCH OF SERVICE |
|---|---|---|
| | | |

| 4. INSTALLATION | 5. DATE |
|---|---|
| | |

In consideration of being placed in ☐ Installation Parolee ☐ Minimum Custody status and permitted to work without armed supervision. I agree that I will abide by the restrictions specified below, realizing that violation of these or of local regulations may result in loss of accrued good conduct time and may subject me to disciplinary action under the UCMJ.

(a) I will not leave the officially specified limits of this reservation.

(b) I will be in my quarters for bed check at the specified time and will not leave therefrom without permission.

| 6. SIGNATURE | 7. WITNESS *(Confinement Officer)* |
|---|---|
| | |

**DD FORM 512, AUG 2001** PREVIOUS EDITION IS OBSOLETE.

### 8. DESCRIPTION

| ☐ RIGHT-HANDED<br>☐ LEFT-HANDED | AGE | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR |
|---|---|---|---|---|---|
| | | | | | |

*(Photograph)*

**9. REMARKS**

**PRIVACY ACT STATEMENT.**
**AUTHORITY:** Chapter 48, Title 10 U.S.C.; 10 U.S.C. 3013; DoD Directive 1030.1; DoD Directive 1030.2; Army Regulations 190-47; and E.O. 9397.
**PRINCIPAL PURPOSE:** This information is used to identify and authenticate your status as a trustee.
**ROUTINE USES:** Information may be disclosed to local, state, and federal law enforcement and investigation agencies for investigation and possible criminal prosecution, civil court actions or regulatory orders. To confinement/correctional agencies for use in the administration of correctional programs including custody classification, employment, training and educational assignments, treatment programs, clemency, restoration to duty or parole actions, verification of offender's criminal records, employment records, and social histories. To state and local authorities for purposes of providing (1) notification that individuals, who have been convicted of a specified sex offense or an offense against a victim who is a minor, will be residing in the state upon release from military confinement and (2) information about the individual for inclusion in a state operated sex offender registry. To the Bureau of Prisons for purpose of providing notification that the military transferee has been convicted of a sexually violent offense or an offense against a victim who is a minor. To victims and witnesses of crime for the purpose of notifying them of date of parole or clemency hearing and other release related activities. The "Blanket Routine Uses" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.
**DISCLOSURE:** Required. Execution of this form and the requested information is mandatory for the prisoner to be designated as a trustee.

**DD FORM 512 (BACK), AUG 2001** Adobe Professional 7.0

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