

PRIVACY ACT STATEMENT

(To be presented to the prisoner when information for DD Form 2710 and/or DD Form 2711 is provided in an interview setting.)

1. PRISONER NAME	2. SSN	3. IDENTIFICATION NUMBER
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4. FACILITY NAME

AUTHORITY: 5 U.S.C. 301 and E.O. 9397.

PRINCIPAL PURPOSE(S): To collect personal history information from the prisoner to assist in the classification and assignment process. In addition, the information will be used to evaluate the prisoner's progress toward rehabilitation or suitability for parole or clemency.

ROUTINE USE(S): To the Department of Justice, in instances where the prisoner is transferred to a Federal Bureau of Prisons facility for incarceration.

DISCLOSURE AND EFFECT ON THE INDIVIDUAL OF NOT PROVIDING INFORMATION: Voluntary; however, failure to provide the requested information may prevent the staff of the correctional facility from fully evaluating the prisoner.

5. PRISONER SIGNATURE	DATE (YYYYMMDD)
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6. WITNESS		
a. NAME	b. SIGNATURE	c. DATE (YYYYMMDD)