



UNITED STATES MARINE CORPS  
EXCEPTIONAL FAMILY MEMBER PROGRAM  
FAMILY SUPPORT SERVICE DECLINATION

Sponsor's Name:

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. Only HQ EFMP and the assigned Installation EFM Manager will have access to my information for assignment purposes only.

I understand that this authorization remains effective until I withdraw it in writing to DC, M&RA (MFY-1).

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

FOR OFFICIAL USE ONLY

PRIVACY SENSITIVE - Any misuse or unauthorized disclosure can result in both civil and criminal penalties.