PRISONER REQUEST (See Privacy Act Statement)			TRACKING NUMBER (If applicable)
(
AUTHORITY: 10 U.S.C. §136: "Under Secretary of Defense for "Confinement of Military Prisoners and Administration of Military Facilities and Clemency and Parole Authority."	Personnel and Readi	T STATEMENT ness"; 10 U.S.C. Chapter 48, "Military C ns and Facilities"; and DOD Instruction 1	correctional Facilities"; DOD Directive 1325.04, 1325.07, "Administration of Military Correctional
PRINCIPAL PURPOSE(S) : To document prisoner's request for request and pertinent remarks.	an interview or comm	unication with Correctional System staff	, to record approval or disapproval of the
ROUTINE USE(S): Disclosure of records are generally permitte state, and federal law enforcement and investigative agencies fuses are listed in the applicable System of Records Notice, A01 Confinement Records," and F031 AF SF A, "Correction and Rel	or investigation and po 90-47 DAPM-ACC, "A	ossible criminal prosecution, civil court a army Corrections System and Parole Bo	actions or regulatory orders. Additional routine ard Records," NM01650-1, "Individual
DISCLOSURE: Voluntary. However, failure to provide all reque	sted information may	result in an inability to process the form.	
1. TO			2. DATE (YYYYMMDD)
			, , , , ,
	SECTION I NAT	URE OF REQUEST	
			rm if necessary
Indicate type of request in block 3.a. (X appropriate box(es)		,	IIII II necessary).
3.a. TYPE OF REQUEST INTERVIEW GRIE 3.b. REMARKS (Explain request)	VANCE	HER	
4. PRISONER'S NAME (Last, First, Middle Initial)		5. REGISTRATION NUMBER	6. BRANCH OF SERVICE
7. SIGNATURE OF PRISONER			
	SECTION II - FAC	CILITY USE ONLY	
8.a. FORWARDED TO (Printed Name, Grade, and Organization)			8.b. DATE (YYYYMMDD)
9.a. INTERVIEW WAS HELD WITH (Printed Name, Grade, and Organization)			9.b. DATE (YYYYMMDD)
10. REMARKS			
SECTIO	N III - ACKNOWLI	EDGEMENT BY PRISONER	
11. PRISONER'S NAME (Last, First, Middle Initial)	12. SIGNATURE C		13. DATE (YYYYMMDD)
, , , , , , , , , , , , , , , , , , , ,			,
14. STAFF MEMBER'S NAME (Last, First, Middle Initial)	15. SIGNATURE OF STAFF MEMBER		16. DATE (YYYYMMDD)

DD FORM 510, NOV 2022

CUI (when filled in)

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CUI Category: CRIM HISTORY
LDC: FEDCON
POC: osd.mc-alex.ousd-p-r.mbx.upr-legal-policy@mail.mil