PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to record extensions of enlistment into the U.S. Armed Forces. This information becomes a permanent part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice **M01070-6** which can be downloaded at *http://www.defenselink.mil/privacy/notices/usmc/M01070-6.shtml*.

RETENTION AND SAFEGUARDS: The collected information will be maintained in a database with restricted, limited access by personnel authorized to access this information. The database is protected by password, unique user IDs, and applicable layers of security access within applications. Records in this file system will only be retrieved by name and/or social security number.

ROUTINE USES: This form becomes a permanent part of the Service Members's Enlisted Master File and Field Personnel File. All uses of this form are internal to the relevant service.

DISCLOSURE: Voluntary. However, failure to furnish personally identifiable information may negate the application.

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AGREEMENT TO EXTEND ENLISTMENT
NAVMC 321A (REV. 07-09) (EF)

Print Form

FOUO - Privacy Sensitive when filled in.

1. NAME (Last, First, Middle)	2. GRADE	3. SSN	4. COMPONENT ☐ USMC ☐ USMCR

5. CURRENT ENLISTMENT	6. CURRENT EXTENSION	7. CURRENT
COMMENCED _____	COMMENCED _____	☐ ENLISTMENT EXPIRES ☐ EXTENSION EXPIRES
FOR _____ MONTHS____MONTHS (Word) (Fig.)	FOR _____ MONTHS____MONTHS (Word) (Fig.)	Date _____ (INDICATE, FIRST, SECOND)

8. TIME LOST TO BE MADE GOOD	9. EFFECTIVE DATE THIS EXTENSION	10. TERM THIS EXTENSION	11. VOLUNTARY EXTENSION OF CURRENT ENLISTMENT
_____ DAYS		_____ MONTHS____ MONTHS. (Word) (Fig.)	_____ (Indicate, first, second)

12. Specific reason for extending: (Include CMC Auth/DTG or PAR/REF)

PURPOSE:

AUTHORITY:

13. (Applicable if individual is extending to attend a service school.) I understand that this extension of enlistment will not be canceled in the event I am dropped from the course due to my lack of application or misconduct on my part.

14. I understand that once this extension of enlistment has become effective it cannot be canceled for any reason. Also, I understand extension of enlistment normally count as additional obligated service for SRBP calculations.

15. I understand that under the terms of this extension agreement I will continue to be subject to all the provisions and obligations of my enlistment contract for the period of the extension.

16. I **CERTIFY** that to the best of my knowledge and belief I have no serious physical defects or illness.

SIGNATURE _____
(First Name) (Middle Name) (Last Name)

17. Subscribed and sworn before me this _____ day of _____ A.D._____

(See Instructions for items 17)

SIGNATURE OF ADMINISTERING OFFICER OFFICIAL: _____
(if an officer of the Armed Forces, give rank and service)

ORGANIZATION AND STATION: _____

18. Service Representative.

PREPARED BY: _____ RANK: _____

ORGANIZATION AND STATION _____

SERVICE REPRESENTATIVE SIGNATURE _____

Reset Form

FOR OFFICIAL USE ONLY.

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