Military Case Questionnaire

(Privacy Act Release must be obtained in all cases)

Name:_____

Address:_____
_____

Rank:_____ Social Security Number:_____-_____-_____

Branch of Service:_____

Service Member's Name if other than above:_____

Unit Address if other than above:_____
_____

Type of Case:
_____compassionate reassignment request
_____hardship discharge request
_____medical discharge request
_____early-out discharge request
_____administrative discharge action pending
_____court martial
_____disciplinary action pending (specify)_____
_____other(specify)_____

Description of Case:_____

_____

_____

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_____

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*****Note: Please be certain you print a Privacy Act form, complete, sign, and return it to the state office nearest you. A map is available to help you make that determination, along with the addresses for each state office.**