

## CONTACT INFORMATION

Please complete the below if you are picking up Suitability Screening information or packets. An appointment will be scheduled for you. You will be notified of your appointment date and time. Please be sure to read the instructions for completing forms and required information carefully. Thank you for your cooperation and we look forward to completing your Transfer Screening Process. PLEASE PRINT INFORMATION CLEARLY.

Date: \_\_\_\_\_

Rank and Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Screening (Please circle): Permanent Change of Station  
Temporary Additional Duty Humanitarian Reassignment  
Operational Assignment other \_\_\_\_\_

Name and relationship of Family Members: \_\_\_\_\_  
\_\_\_\_\_

Location of Transfer: \_\_\_\_\_

Detach date from Current Command: \_\_\_\_\_

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### OFFICE USE ONLY

CLERK NAME (TAKING FORM): \_\_\_\_\_

TECHNICIAN'S NAME MAKING CONTACT: \_\_\_\_\_

RESPONSE FROM CONTACT: