

TRANSFER EXAM INFORMATION SHEET

NAME _____ SSN _____

PRESENT RATE _____ CURRENT UIC _____ DATE _____

DATE OF TRANS/LEAVE _____ SCHEDULED EXAM DATE _____

I UNDERSTAND THAT IF I DO NOT PROVIDE ALL OF THE REQUESTED INFORMATION, I WILL NOT BE ALLOWED TO PARTICIPATE IN THIS EXAM CYCLE AND I **WILL NOT** BE ELIGIBLE TO TAKE A LATE EXAM. PCS ORDERS OR REGULAR LEAVE **DO NOT** QUALIFY ME TO TAKE A LATE EXAM. **I ALSO UNDERSTAND IT IS MY RESPONSIBILITY TO CONTACT THE FORWARDING ESO BEFORE THE DAY OF THE EXAM AND MAKE SURE THE ESO HAS MY WORKSHEET AND AN EXAM.**

SIGNATURE

IF REQUESTING EXAM BE SENT TO ANOTHER BASE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BASE _____ NEW UIC _____ CITY/STATE _____

IF REQUESTING FOR EXAM TO BE SENT TO A MEPS/RESERVE CENTER, THE FOLLOWING INFORMATION MUST BE ENTERED AND **FAXED** TO THE RESERVE CENTER AND **FAXED BACK** TO CONFIRM EXAM ADMINISTRATION.

NAME OF RESERVE CENTER/MEPS STATION _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

NAME OF PERSON CONTACTED _____

THE FOLLOWING INFORMATION IS TO BE FILLED OUT BY THE RESERVE CENTER/MEPS STATION

I CERTIFY THAT THERE IS AN E7 OR ABOVE AT THIS FACILITY THAT WILL BE AVAILABLE ON THE SCHEDULED EXAM DATE TO ADMINISTER THIS EXAM:

SIGNATURE

PRINTED NAME/DATE

PLEASE FAX BACK TO ESO/PSD PORTSMOUTH (757) 953-5632. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ESO AT (757) 953-5630.