

HOMETOWN NEWS RELEASE INFORMATION

1. PAO CODE		FOR RELEASING PUBLIC AFFAIRS OFFICE USE ONLY
	PRINT OR TYPE - SEND ORIGINAL ONLY	
2. YOUR SOCIAL SECURITY NUMBER <i>(For identification only)</i>		

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, 10 U.S.C. 8012 and 8034, and EO 9397.
PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of Army and Air Force members. In accordance with the 1974 Privacy Act, you are hereby informed that your Social Security Number on this form is required for identification use only.
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3. BRANCH OF SERVICE	4. STATUS	5. RANK	6. PAY GRADE	7. FIRST NAME, MIDDLE INITIAL, LAST NAME	8. SEX
ARMY	ACTIVE				
AIR FORCE	RESERVE	9. EVENT <i>(Example: Arrival; Promoted to Sergeant; Received Commendation Medal, etc.- Citation Needed)</i>			
NAVY	NATIONAL GUARD				
MARINE CORPS	CIVILIAN				
COAST GUARD					

10. YOUR LIVING PARENTS, STEPPARENTS, GUARDIANS, AUNT/UNCLE/GRANDPARENTS OR ADULT SIBLINGS

a.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME	(2) RELATIONSHIP TO YOU		
(3) ADDRESS <i>(Number and Street)</i>	(4) CITY	(5) STATE	(6) ZIP CODE
b.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME	(2) RELATIONSHIP TO YOU		
(3) ADDRESS <i>(Number and Street)</i>	(4) CITY	(5) STATE	(6) ZIP CODE

11. SPOUSE'S NAME *(First, Middle Initial, Last)*

12. SPOUSE'S LIVING FATHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME

b. ADDRESS <i>(Number and Street)</i>	c. CITY	d. STATE	e. ZIP CODE
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13. SPOUSE'S LIVING MOTHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME

b. ADDRESS <i>(Number and Street)</i>	c. CITY	d. STATE	e. ZIP CODE
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14.a. YOUR PRESENT UNIT OF ASSIGNMENT <i>(Do not abbreviate)</i>	b. POST OR BASE <i>(Not APO)</i>	c. CITY	d. STATE OR COUNTRY
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15. DUTY MOS OR AFSC	16. PRESENT JOB TITLE <i>(Full Title - Do not abbreviate)</i>	17. TOTAL YEARS MILITARY SERVICE
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18.a. HIGH SCHOOL GRADUATED FROM	b. YEAR GRADUATED	c. CITY	d. STATE	e. ZIP CODE
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19. COLLEGES GRADUATED FROM

a. COMPLETE NAME	b. DEGREE	c. YEAR GRADUATED	d. CITY	e. STATE	f. ZIP CODE

20. REMARKS *(Continue on back if necessary)*

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21. SIGNATURE OF PERSON LISTED ABOVE <i>(Authorizing release of this information)</i>	22. DATE <i>(YYMMDD)</i>	23. DUTY PHONE <i>(DSN or area code)</i>