

**PSD**  
**TRANSIENT / STUDENT INFORMATION SHEET**

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ SSN: \_\_\_\_\_ COURSE/CIN: \_\_\_\_\_  
LAST, FIRST MI

**REPORTING INFORMATION:**

DATE REPORTED:	DATE DETACHED	DUTY STATION /LOCATION	MODE OF TRAVEL					
			POV	___	AIR	___	OTHER	___
		DETACHING ACTIVITY ON YOUR PCS ORDERS	POV	___	AIR	___	OTHER	___
		FIRST INTERMEDIATE DUTY STATION OR LEAVE ENROUTE	POV	___	AIR	___	OTHER	___
		SECOND INTERMEDIATE DUTY STATION OR LEAVE ENROUTE	POV	___	AIR	___	OTHER	___
		THIRD INTERMEDIATE DUTY STATION OR LEAVE ENROUTE	POV	___	AIR	___	OTHER	___
		ULTIMATE DUTY STATION	POV	___	AIR	___	OTHER	___

EAOS: \_\_\_\_\_ OBLISERVE to train? **YES NO**  
 Extension in record? **YES NO**  
 If yes, number of months: \_\_\_\_\_  
 Is member SRB eligible? **YES NO**  
 Does member have dependents? **YES NO** Did they travel with the member? **YES NO**  
 Does member's family reside in government quarters? **YES NO**  
 Does the member request Advanced Per Diem to pay their CBQ/BOQ room or hotel during this TDY period? **YES NO**  
 Where does the member currently reside? (**Barracks Hotel Home Government Quarters**) *circle one.*  
 Are government quarters available? **YES NO**  
 Lodging Facility: \_\_\_\_\_; Daily Cost: \$ \_\_\_\_\_  
 Dates of Occupation: From \_\_\_\_\_ To \_\_\_\_\_  
 If Advanced Per Diem is requested, please provide the following:

- Lodging receipts or letter of intent (*must show daily lodging rate*)
- Non-availability of government quarters endorsement or memo (*if applicable*)
- Travel Advance Request Form
- Completed EFT form

Does member require a port call (*all sea and overseas ultimate duty stations*)? **YES NO**  
 Is there a screening requirement for these orders (i.e. overseas, instructor)? **YES NO** If so, is the screening complete? **YES NO**

**DETACHING INFORMATION:**

Graduation/Estimated detachment date: \_\_\_\_\_  
 Mode of travel the member will utilize upon departure: **POV AIR**  
 If traveling POV, is the member requesting Advance Travel pay? **YES NO** Number of dependents traveling with member: \_\_\_\_\_  
 If advance travel is requested, please provide the following:

- Advance Travel Request Form
- Completed EFT
- Page 2 (Record of Emergency Data/dependency application if requesting with *dependents* travel)

Will the member be requesting advance DLA? **YES NO**  
 Will the member be requesting leave en-route? **YES NO** If so, how many days? \_\_\_\_\_

Leave address: \_\_\_\_\_ Next of Kin: \_\_\_\_\_  
 Leave phone number: \_\_\_\_\_

	MAKE	MODEL	LICENCE PLATE #	STATE
VEHICLE #1:	_____	_____	_____	_____
VEHICLE #2:	_____	_____	_____	_____

PERSUPPACTLANT Form 1320/10(08-05)

PRIVACY ACT STATEMENT	
AUTHORITY: Title 10 US Code 1552. EO 9397  PRINCIPLE PURPOSE: To initiate an application for correction of military record. The form is used by Board members to review of pertinent information in making determination of relief through correction of a military record.	Routine USE(S): None  DISCLOSURE: Voluntary: however, failure to provide information may impede processing of this application. The request for Social Security number is strictly to assure proper identification of the individual and appropriate records.