HOMETOWN NEWS RELEASE INFORMATION

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

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 ☐ AIR FORCE ☐ NAVY ☐ MARINE CORPS ☐ COAST GUARD	☐ ACTIVE ☐ RESERVE ☐ NATIONAL GUARD ☐ CIVILIAN	9. EVENT *(Example: Arrival; Promoted to Sergeant; Received Commendation Medal, etc.- Citation Needed)*			

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 *(Number and Street)*	(4) CITY	(5) STATE	(6) ZIP CODE
b.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME	(2) RELATIONSHIP TO YOU		
(3) ADDRESS *(Number and Street)*	(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 *(Number and Street)*	c. CITY	d. STATE	e. ZIP CODE
13. SPOUSE'S LIVING MOTHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME			
b. ADDRESS *(Number and Street)*	c. CITY	d. STATE	e. ZIP CODE

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

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)*

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

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