

REQUEST FOR OFFICER SELECTION RECORD REVIEW

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Section 14301

PURPOSE: Pre or post board counseling by request of officer to prepare them for promotion consideration to the next higher grade.

ROUTINE USE: Required information is needed to gather data for promotion consideration to next higher grade.

DISCLOSURE: Furnishing information is voluntary. All information that pertains to a counseling session is disclosed for the purposes of providing counseling.

NAME (Last Name, First, MI)			SSN		DATE (YYYYMMDD)	
E-MAIL ADDRESS			HOME PHONE		DUTY PHONE	
MAILING ADDRESS			ORGANIZATIONAL ADDRESS			
MPF CONTACT			COMMANDER'S NAME			
<input type="checkbox"/> ANG <input type="checkbox"/> IMA <input type="checkbox"/> S7 <input type="checkbox"/> USAFR <input type="checkbox"/> UNIT		<input type="checkbox"/> LINE <input type="checkbox"/> MC <input type="checkbox"/> MSC <input type="checkbox"/> JA <input type="checkbox"/> NC <input type="checkbox"/> DC <input type="checkbox"/> BSC <input type="checkbox"/> HC				
BOARD		YEAR		TYPE		
<input type="checkbox"/> COL <input type="checkbox"/> LT COL <input type="checkbox"/> MAJ				<input type="checkbox"/> PV <input type="checkbox"/> MANDATORY		
EVALUATION						
COMMAND (G-Series or higher orders, authorizing command)			PME COMPLETED			
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> SOS <input type="checkbox"/> ACSC <input type="checkbox"/> AWC <input type="checkbox"/> OTHER _____			
DEGREE COMPLETED						
<input type="checkbox"/> AA <input type="checkbox"/> BA/S <input type="checkbox"/> BAC+ <input type="checkbox"/> MA/S <input type="checkbox"/> DOC <input type="checkbox"/> DOC						
PME COMMENTS (FOR ADMINISTRATIVE USE ONLY)						
DECORATIONS			PARTICIPATION			
OPRs			PRF			
LETTER		SSB/SRB (Explain specifics) <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
COMMENTS						
DATE COUNSELED (YYYYMMDD)		<input type="checkbox"/> 1ST <input type="checkbox"/> 3RD <input type="checkbox"/> 5TH		BEST TIME TO CALL		
INITIALS		<input type="checkbox"/> 2ND <input type="checkbox"/> 4TH		<input type="checkbox"/> MORNINGS <input type="checkbox"/> EVENINGS		

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