

AUTHORIZATION FOR ASSIGNMENT TO QUARTERS BY DEPENDENT SPOUSE DATE _____

NAME OF SPONSOR (LAST, FIRST, MIDDLE INITIAL)		RANK	SOCIAL SECURITY NUMBER
NAME OF SPOUSE		PHONE NUMBER INCLUDING AREA CODE	
CURRENT ADDRESS			
CITY		STATE	ZIP CODE
<p>I authorize my spouse to accept assignment to government quarters during my period of absence. My spouse will report all changes in address and telephone number to the Family Housing Office at telephone number 830-6611. I authorize my spouse to accept Government Quarters. I authorize my spouse to obligate my Pay and Allowance for Government Quarters.</p>			
SIGNATURE OF SPONSOR		I have read and understand the above.	
		Signature, of Spouse	
REMARKS (For Base Housing Use)			
HOUSING REPRESENTATIVE		DATE	

MCAGCC29P -11103/9 (10-03)