# 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.
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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 *(Example: Arrival; Promoted to Sergeant; Received Commendation Medal, etc.- Citation Needed)* | | | |
| NAVY | NATIONAL GUARD | | | | |
| MARINE CORPS | | | | | |
| COAST GUARD | CIVILIAN | | | | |

**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)* |
|---|---|---|