

MICROFICHE RECORD REQUEST FORM

Please Print Legibly or Type

Date: _____

SSN: _____ Rank/Rate: _____

NAME: _____

MAILING ADDRESS: _____

I request a copy of my Official Permanent Personnel Record. I understand that this request will be responded to by mail, and that the material will be forwarded to the address entered above.

SIGNATURE: _____

You may FAX or mail your request (**not both**):

**NAVAL PERSONNEL COMMAND
PERS-313C REC
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-3130**

FAX: (901) 874-2664 DSN: 882-xxxx

Pocket microfiche readers are available from NPC at a cost of \$4.00 each. If you wish to purchase a reader, you must mail your request along with a check or money order for \$4.00 (payable to the **Treasurer of the United States**). Do not send cash!

- Yes, send me a microfiche viewer. I have enclosed a check for \$4.00 made out to the **Treasurer of the United States**.
- No, do not send a microfiche viewer.

Microfiche service record copies are provided free of charge. In the future, a copying fee may be imposed.