

SPECIAL REQUEST/ AUTHORIZATION

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301, Departmental Regulations. The principal purpose of the information is to enable you to make known your desire for some special consideration or authorization. The information will be used to assist officials and employees of the Department of the Navy in determining your eligibility for and approving or disapproving the special consideration or authorization being requested. Completion of the form is mandatory; failure to provide required information might result in delay in response to or disapproval of your request.

NAME (<i>Last, First, Initial, Email</i>)	
COMPANY, PLATOON, SQUAD (<i>e.g. A-1-2</i>)	
DATE (<i>DD MMM YYYY</i>)	
ADVISOR NAME	

REQUEST:

BY SUBMITTING THIS FORM YOU HEREBY ACKNOWLEDGE ALL INFORMATION TO BE ACCURATE AND TRUTHFUL

Yes	No	Name and Rank/Title/Date	
<input type="checkbox"/>	<input type="checkbox"/>	Reason	PltCdr
<input type="checkbox"/>	<input type="checkbox"/>	Reason	
Yes	No	Name and Rank/Title/Date	
<input type="checkbox"/>	<input type="checkbox"/>	Reason	MCO
<input type="checkbox"/>	<input type="checkbox"/>	Reason	
Yes	No	Name and Rank/Title/Date	
<input type="checkbox"/>	<input type="checkbox"/>	Reason	AMOI
<input type="checkbox"/>	<input type="checkbox"/>	Reason	
Yes	No	Name and Rank/Title/Date	
<input type="checkbox"/>	<input type="checkbox"/>	Reason	XO
<input type="checkbox"/>	<input type="checkbox"/>	Reason	
<u>Approving Authority</u>			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			