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.
PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of Army and Air Force members. In accordance with the 1974 Privacy Act, you are hereby informed that your Social Security Number on this form is required for identification use only.
ROUTINE USE: Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain."
DISCLOSURE : Information collected on this form is released over your signature and is voluntary. If you have no objection to the information being released to hometown audiences, sign your name below. Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievements.

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				
NAVY	NATIONAL GUARD				
MARINE CORPS					
COAST GUARD	CIVILIAN				

9. EVENT *(Example: Arrival; Promoted to Sergeant; Received Commendation Medal, etc.- Citation Needed)*

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)*