

RESERVE COMPONENT IN-PROCESSING SOLDIER INFORMATION

NAME (Last, First MI) _____

SSN: _____ RANK: _____ DOR: _____

MOS/ACO (SSI): _____ DOB: _____ PEBD: _____

MAILING ADDRESS (PRIMARY): _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OFFICE PHONE: _____

HOME FAX: _____ OFFICE FAX: _____

MOBILE PHONE: _____

MAILING ADDRESS (SECONDARY): _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OFFICE PHONE: _____

HOME FAX: _____ OFFICE FAX: _____

E-MAIL ADDRESSES:

AKO: _____ @US.ARMY.MIL (REQUIRED)

PERSONAL: _____

WORK: _____

OTHER: _____

SECURITY CLEARANCE: (circle one) CONF / SEC / TS / NONE DATE: _____

LAST PHYSICAL EXAM DATE: _____ LAST HIV TEST DATE: _____

PHYSICAL PROFILE? YES / NO If "yes", explain: _____

Eligibility for any awards or ribbons: _____

Mandatory removal date (MRD): _____

For NCO soldiers, date of next enlistment: _____

NEXT OF KIN (NOK): _____ RELATIONSHIP: _____

NOK ADDRESS: _____ CITY: _____ STATE/ZIP: _____

NOK PHONE: _____

RELIGIOUS PREFERENCE: _____

BILLETING:

BUILDING #: _____ ROOM #: _____ PHONE#: _____

ASSIGNED SECTION: _____ BUILDING #: _____ PHONE #: _____

SIGNATURE: _____ DATE: _____