

# Request & selection(s) for Attendance to USARAK Schools

THRU:	TO:	FROM:
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SCHOOL	CLASS NUMBER & DATES
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NO	P/A	RAN	NAME (LAST, First MI)	SSN	DEROS	UNIT/POST
1						
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
13						
14						
15						

REMARKS

AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE
RECEIVED BY	SIGNATURE	DATE

# Request & selection(s) for Attendance to USARAK Schools

NO	P/A	RAN	NAME (LAST, First MI)	SSN	DEROS	UNIT/POST
16						
17						
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