

APPLICATION FOR CORRECTION/REMOVAL OF EVALUATION REPORTS

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013.

PRINCIPAL PURPOSE: To apply for correction of evaluation reports. Use of SSN is necessary to make identification of the individual and records.

ROUTINE USES: None.

DISCLOSURE IS VOLUNTARY: If information is not furnished, applicant may be denied relief sought.

INSTRUCTIONS: Route your application per AFI 36-2401. Attach additional sheets of paper if more space is needed. When using additional sheets, list item continuation numbers.

1. NAME (Print Last, First, Middle Initial)	2. GRADE	3. SOCIAL SECURITY NUMBER
4. RETURN ADDRESS (address the appeal should be returned to)	5. OFFICE PHONE (DSN and Extension)	6. CURRENT MILITARY STATUS
		ACTIVE DUTY <input type="checkbox"/>
		RESERVE <input type="checkbox"/>
7. EMAIL ADDRESS (enter a working email address to contact you in case of an issue)		

8. LIST TYPE OF REPORT BEING APPEALED AND THE THRU DATE: APR, EPR, LOE, OER, OPR, PRF OR TR	9. SSB/Supplemental Promotion Consideration (See AFI 36-2401, AFI 36-2501, and AFI 36-2502.) Note: Enlisted Personnel must have CC approval in block 10 Not Applicable <input type="checkbox"/> Yes (Complete below information) <input type="checkbox"/>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">TYPE OF REPORT</th> <th style="width: 20%;">THRU DATE (For PRF enter Board ID)</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	TYPE OF REPORT	THRU DATE (For PRF enter Board ID)									ENTER ALL APPLICABLE CYCLE/BOARD INFORMATION (ie.P0504B or 04E5)
TYPE OF REPORT	THRU DATE (For PRF enter Board ID)										

10. COMMANDER'S CERTIFICATION FOR ENLISTED SUPPLEMENTAL PROMOTION CONSIDERATION			
RECOMMEND APPROVAL <input type="checkbox"/>	NAME AND GRADE OF COMMANDER	SIGNATURE	DATE
RECOMMEND DISAPPROVAL <input type="checkbox"/>			

11. ACTION REQUESTED (Choose option)

Void report
 Substitute Report
 Change Duty Information
 Other (specify)

12. REASONS TO SUPPORT REQUESTED ACTION (Be brief and specific)

13. NUMERICAL LIST OF ATTACHMENTS (List each supporting document in the order attached.)

I make the foregoing statements as a part of my application with full knowledge of the penalties involved for willfully making a false official statement. (U.S. Code, Title 18, sec 287, 1001, provides a penalty as follows; A maximum fine of \$10,000 or maximum imprisonment of 5 years or both.)

14. SIGNATURE OF APPLICANT	DATE
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