*Personal Data, Privacy Act of 1974 as amended applies. This may contain information which may be protected IAW DoD 5400.11R and is For Official Use Only (FOUO).*

I am aware that I am not authorized to start my R&R until I have completed all Reintegration requirements.

I certify that I have reviewed and understand the Ramstein Air Base A&FRC Reintegration presentation on (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ramstein A&FRC Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ramstein A&FRC Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**All information in this box must be completed legibly**

**(Please Print)**

 Reintegration Briefing Date: Day: \_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_

 **Military Member’s Information**

 First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last 4 SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Married: mil to mil? Yes No (Circle One)

 Squadron: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deployed Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Departed Ramstein: Day: \_\_\_\_\_\_ Month: \_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Returned to Ramstein: Day: \_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Spouses Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: (If applicable): \_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_