



**MILITARY & FAMILY READINESS CENTER (M&FRC)
REINTEGRATION INFORMATION SHEET**

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).

**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: _____ DOD ID: _____

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: _____

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: _____