

POST OFFICE OUTPROCESSING FORM



Revised: 13 Dec 2023

*PLEASE COMPLETE AND RETURN WITHIN 1 WEEK OF BASE DEPARTURE. *

WE WILL NOT PROCESS ANY REQUEST UNLESS IT IS SUBMITTED WIHTIN 7 DAYS OF DEPARTURE

			Box #:	
Rank: Last Name:		First Name:	MI:	
DoD ID#:				
FORWARDING A	DDRESS:			
Street Address:				
City:	State:	Zip Code:	:	
DATE OF DEPAR	ГURE:	SIG	SNATURE:	_
receive and subscri	ptions (magazines, I		anks statements, USAA, etc.) yetc). It greatly reduces the amoss in a timely manner.	
FOR POSTAL PER	RSONNEL:			
Postal Clerk:				
Address Updated in	n AMPS:	VMPF: Closed	d box on floor:	

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