

Company/Command Name: _____

Address: _____

RELEASE FAX COVER SHEET

Date: _____

SUBJECT: _____

SSN: _____

Comment:

Defense Security Service
Records Management Group
FAX: 1-866-369-2812

The following release(s) attached:

_____ General Release(s)
_____ Medical Release(s)
_____ Other

If the release(s) are not complete/legible or if there are transmission problems, please contact:

Name _____

Phone/Cell Phone _____

This cover sheet is Page 1 of _____ pages.

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