

| INSTALLATION CLEARANCE RECORD For use of this form, see AR 210-10; the proponent agency is Office of the Comptroller of the Army. | | | INSTAL LATION CAMP RADCLIFF RVN | | |
|---|--|---|---|--|---------|
| Prepare in duplicate (original to be retained in transfer activity file; duplicate to individual) | | | | | |
| LAST NAME - FIRST NAME - MIDDLE INITIAL WHITE, FREDERICK E. | | | SERVICE NUMBER/SSAN | GRADE 3TH | |
| ORGANIZATION Co C (Ranger) 75th Inf (Abn) | | | TO DEPART (Time and date) 10 Sep 70 | | |
| AUTHORITY FOR DEPARTURE Para 14 80 217 | | | NEW DUTY STATION HHD 21st AG Repl Bn | | |
| CHECKLIST (Normally, officers, warrant officers, and enlisted personnel in grades E-7, E-8 and E-9 are not required to secure initials of clearing facility, their signature being official indication that all obligations are settled. Other enlisted personnel will normally have facility concerned initial applicable items. Appropriate administrative office will check items not applicable.) | | | | | |
| FACILITY | INITIAL | FACILITY | INITIAL | FACILITY | INITIAL |
| 1. ARMY EDUCATION CENTER | | 12. FIELD MILITARY 201 FILE AND ALLIED RECORDS | | 23. PROVOST MARSHALL (Car Today) | |
| 2. CHAPLAIN | | 13. FINANCE & ACCOUNTING OFF (Communications Account) | | 24. QUARTERMASTER LAUNDRY | |
| 3. CLASSIFIED DOCUMENTS | S2 <input checked="" type="checkbox"/> | 14. FINANCIAL DATA RECORDS FOLDER (Personnel Officer) | <input checked="" type="checkbox"/> | 25. QUARTERS ASSIGNMENT | |
| 4. COMMERCIAL LAUNDRY | | 15. LIBRARY | | 26. SIGNAL OFFICER | |
| 5. COURTS AND BOARDS | <input checked="" type="checkbox"/> | 16. MEDICAL TREATMENT FACILITY | <input checked="" type="checkbox"/> | 27. SPECIAL ORDERS FOR CHANGE OF STATION | |
| 6. DENTAL CLINIC, DD FORM 722-1 | <input checked="" type="checkbox"/> | 17. ORDNANCE OFFICER | | 28. SPECIAL SERVICES OFFICER | |
| 7. DEPENDENTS SCHOOL OFFICER | | 18. PERSONAL AFFAIRS OFFICER (A.E.R.) | <input checked="" type="checkbox"/> | 29. UNIT AND REGIMENTAL SUPPLY | |
| 8. DRY CLEANERS | | 19. PERSONNEL REGISTER (Sign Out) | | 30. CREDIT UNION | |
| 9. EFFICIENCY REPORTS | <input checked="" type="checkbox"/> | 20. POSTAL OFFICER (Notice of Change of Address) | <input checked="" type="checkbox"/> | 31. Unit ISG | |
| 10. ENGINEER PROPERTY OFFICER | | 21. POST MOTOR POOL | | 32. Unit Arms Room | |
| 11. ENLISTED OR OFFICER MESS | | 22. POST QUARTERMASTER | | 33. Unit Awards Clerk | |
| I HAVE TURNED IN OR PROPERLY TRANSFERRED ALL CLASSIFIED DOCUMENTS EXCEPT THOSE WHICH PERTAIN TO MY OFFICIAL DUTIES AND FOR WHICH I, AS AN INDIVIDUAL, HAVE BEEN DESIGNATED THE AUTHORIZED CUSTODIAN; I HAVE DISCHARGED ALL PERSONAL DEBTS ADMITTEDLY DUE AND PAYABLE AT THIS TIME IN THIS AREA OR HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE PERSONS OR ORGANIZATIONS CONCERNED FOR THE PAYMENT OF SAME; AND I HAVE FURTHER NOTIFIED OF MY NEXT STATION OR POST OFFICE ADDRESS, ALL OTHER PERSONS WHO ARE KNOWN TO BE PRESENTLY ASSERTING CLAIMS OR DEMANDS AGAINST ME OR WHO HOLD INSTRUMENTS OF INDEBTEDNESS MADE OR INDORSED BY ME. I UNDERSTAND THAT THIS CLEARANCE DOES NOT RELIEVE ME OF ANY PECUNIARY CHARGE FOR GOVERNMENT PROPERTY WHICH HAS BEEN OR MAY BE RAISED ON A REPORT OF SURVEY OR REPORT OF BOARD OF OFFICERS IN LIEU OF REPORT OF SURVEY. | | | | | |
| REMARKS CGIDCUT <input checked="" type="checkbox"/> EFFICIENCY <input checked="" type="checkbox"/> Individual has <input checked="" type="checkbox"/> has not <input checked="" type="checkbox"/> been recommended for Meritorious Service Award, DD COM <input checked="" type="checkbox"/> BE <input checked="" type="checkbox"/> Individual has <input checked="" type="checkbox"/> has not <input checked="" type="checkbox"/> been presented his award. Individual is required to have and has been issued <input checked="" type="checkbox"/> Chloroquine-primaquine tablets and <input checked="" type="checkbox"/> Dapsone tablets. Medics initials <input checked="" type="checkbox"/> DD Forms 1580 have not <input checked="" type="checkbox"/> been issued. | | | | | |
| DATE | SIGNATURE <i>Frederick E. White</i> | | | | |
| ADEQUATE QUARTERS WERE FURNISHED | | | SIGNATURE OF COMMANDING OFFICER OR DESIGNATED REPRESENTATIVE <i>Donald L. Hudson</i> | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | TYPED NAME, GRADE, ARM AND TITLE | | |
| DATES | | | DONALD L. HUDSON, MAJ, INF, COMMANDING | | |
| 1 For pending reports of survey or disciplinary matters not referred to Company Commanders, only. | | | | | |