REQUEST FOR PERFORMANCE SUMMARY RECORD

(Please print or type)

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER
RANK/RATE	DATE OF REQUEST	
ADDRESS TO WHICH PSR IS TO BE MAILED (INCLUDE 9-DIGIT ZIP CODE)		

I request a copy of my Performance Summary Record (PSR). I understand that this request will be responded to by mail within 60 days, and that the material will be forwarded to the address entered above.

_____

(Requestor's Signature)

MAIL TO:

BUREAU OF NAVAL PERSONNEL
PERS-322 PSR
2 NAVY ANNEX
WASHINGTON DC 20370-3220

NAVPERS 1610/4 (7-95) (This form may be reproduced locally.)

CLEAR FORM