Association of the United States Navy
1619 King Street; Alexandria, VA 22314
Tel: 703.548.5800 Fax: 703.683.3647 www.ausn.org

FROM: _____ _____ _____
Rank Name (First, Middle Initial, Last) SSN/Designator

TO: COMMANDER, NAVY PERSONNEL COMMAND

SUBJ: PERSONNEL RECORD REQUEST AND PROXY

This is to inform you that I have given the Association of the United States Navy, and their designated representative, permission to request and examine my personnel records maintained by the Navy Personnel Command.

_____ _____
Signature Date

FOR: MEMBER REQUESTING RECORD REVIEW

Please download the following files from BUPERS ON-LINE and send with this application. See this Help Guide if you are not familiar with downloading the files in the format required. We need the files in the indicated format to proceed.

The files are: Officer or Enlisted Summary Record - PDF Format; Performance Summary Record both pre 1996 and 1996 to the Present – PDF Format; Evaluation Continuity Report – HTML Format; and Annual Retirement Point Summary – PDF Format.

Send by:
Email to record.review@ausn.org OR
FAX to record review at (866) 683-3647 OR
Mail to Record Review, Association of the United States Navy, 1619 King Street, Alexandria, VA 22314-2793

EMAIL ADDRESS: _____

TELEPHONE: Office _____ Home _____

ADDRESS: _____ _____ _____ _____
Street City State Zip

I request: ☐ Record Review

Record Review Fee enclosed by: ☐ Check or ☐ Credit Card
☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

Card Number: _____ Expiration Date: _____

Please save this page after completing on screen. Please email, FAX or mail this application and the above indicated files with your payment. If not a member of the Association we will charge an additional $40 for year membership. Please include this fee if you are paying by check.

FOR HEADQUARTERS USE ONLY
DATE RECVD_____ FEE_____ MEMBER STATUS_____