



1619 King Street; Alexandria, VA 22314
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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 where to look for the type of records that you wish to obtain.](#) 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.

SEND BY:

- 1) Email to record.review@ausn.org OR
- 2) 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:
 VISA MC Check or AMEX Credit Card 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 _____