Departure TLA

Date:_____

usarmy.schofield.usag.mbx.housing-services-office@army.mil

SCAN ME TO EMAIL

DOCUMENTS NEEDED:

*PCS Orders and ALL Amendments
*IPPS-A Leave Authorization form
*Flight Itinerary (*all family members*)
* Government Bill of Lading or DD1299 (Household Goods)

Rank: _____ **Name**: _____
(Last First MI)

Do you have a Spouse: Yes _____ No _____

Is your Spouse in the military? No _____ Yes _____

(If Yes) Name: _____ Branch: _____

****Service Member's full SSN: _____**

Dual Military Spouse's full SSN: _____

Service Member's Phone Number: _____

Spouse's Phone Number: _____

****E-Mail (Civilian): _____**

E-mail (Military): _ _____

Staying w/Friends or Relatives? No _____ Yes _____