

DSC Information Checklist

Rank: _____
Name (Last, First, MI): _____
COMPO: _____
DODID: _____
Employee ID: _____

UNIT: Company, Battalion, Brigade, Division, Installation, Zip Code

Brigade: _____
Brigade CSM: _____
Brigade CSM Email: _____
Phone Number: _____

Division: _____
Division CSM: _____
Division CSM Email: _____
Phone Number: _____