Office Symbol DATE

MEMORANDUM FOR Army Substance Abuse Program (ASAP)

SUBJECT: ASAP Background Check Request

1. The personnel listed below will attend the Unit Prevention Leaders (UPL) Course [Enter Dates] which requires an ASAP background check. In accordance with AR 600-85, I request that ASAP conducts a background check for a history of prior rehabilitation treatment episodes or positive urinalysis tests on the following individual(s):

**RANK NAME DoD ID DEROS**

2. POC for this action is (enter POC name) and may be contacted at DSN XXX-XXXX.

 Commander

 CPT, MS

 Commanding