

**INSTALLATION CLEARANCE RECORD**

For use of this form, see AR 600-8-101; the proponent agency is DCS, G-1

**DATA REQUIRED BY THE PRIVACY ACT OF 1974****AUTHORITY:** Section 301, Title 5, USC.**PRINCIPAL PURPOSE:** To ensure Soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.**ROUTINE USES:** To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment payment before the Soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and DoD sponsored agencies.**DISCLOSURE:** Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.

**INSTRUCTIONS TO THE SOLDIER:** This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. It is your responsibility to complete this checklist properly. If you are separating or retiring from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving 55 percent of your final pay pending verification by DFAS of any outstanding debts. Activities marked with an @ require clearance for all Soldiers separating or retiring from the Active Army, including AGR personnel. Activities marked with an asterisk (\*) require clearance for Soldiers departing on PCS. Activities not marked will be cleared per installation instructions. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed. Provide any additional information in Remarks, block 16.

**SECTION A - PERSONNEL DATA** (To be completed by the commander, S1, processing control station, or appointed official)

1. NAME	2. RANK	3. ORDERS NO.
4. GAINING UNIT	5. LOSING UNIT	6. DATE OF ORDERS (YYYYMMDD)
7. REASON FOR CLEARING <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (Specify)		8. DEPARTURE DATE (YYYYMMDD)

**SECTION B - INSTALLATION STANDARD CLEARANCES**

(All signatures are required prior to reporting to the processing control station (section d) for final clearance. Not having these required signatures will cause a delay in your final clearance.)

9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. NAME (Last, First, Middle)	14. TELEPHONE NO.	15. SIGNATURE
a. MEDICAL FACILITY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
b. DEERS/RAPIDS/ID CARDS AND TAGS @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
c. TRANSPORTATION OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
d. CENTRAL ISSUE FACILITY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
e. EDUCATION CENTER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
f. ARMY EMERGENCY RELIEF @	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
g. POST EXCHANGE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
h. PROVOST MARSHAL @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
i. HOUSING OFFICE	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
j. TRAINING AIDS CENTER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
k. RESERVE COMPONENT CAREER COUNSELOR @	<input type="checkbox"/>		<input checked="" type="checkbox"/>			

If you do not pre-clear you must go to each organization during the clearing process for signature.

For information on pre-clearance, see the pre-clearance questionnaire.

SECTION B - INSTALLATION STANDARD CLEARANCES (Continued)						
9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. NAME (Last, First, Middle)	14. TELEPHONE NO.	15. SIGNATURE
l. ACS LOAN CLOSET @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
m. ANDREWS FEDERAL CREDIT UNION @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
n. ARMY LAPEL PIN @	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
o. ALSE	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
p.	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
q.	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
r. AUKAMM ELEMENTARY SCHOOL	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
s. BEHAVIORAL HEALTH @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
t. CENTRAL OUT-PROCESSING FACILITY-FINAL OUT DAY: STEPS 1 AND 3 @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
u. CHILD AND YOUTH SERVICES @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
v. COMMUNITY BANK @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
w. COMMUNITY MAIL ROOM (CMR) @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
x. CUSTOMS @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
y. DA FORM 137-1- COMPLETE UNIT CLEARANCE- SIGNED BY XO, CMD, OR 1SG @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
z. DENTAL CLINIC @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
16. REMARKS:						
SECTION C - MILITARY PAY PROCESSING						
17. MILITARY PAY CLEARANCES						
a. DEFENSE MILITARY PAY OFFICE	b. NAME (Last, First, Middle)		c. TELEPHONE NO.	d. SIGNATURE	e. DATE (YYYYMMDD)	
(1) Travel Pay Processing @*						
(2) Separation Pay Processing @						
(3) Debt Processing @						
SECTION D - PROCESSING CONTROL STATION						
18a. Does the Soldier have a signed, authenticated, and dated Service Member Deployment History Out-processing Verification form? @* YES <input type="checkbox"/> NO <input type="checkbox"/>	b. NAME (Last, First, Middle)		c. TELEPHONE NO.	d. SIGNATURE	e. DATE (YYYYMMDD)	
19a. Has the Soldier completed out-processing? @* YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	b. NAME (Last, First, Middle)		c. TELEPHONE NO.	d. SIGNATURE	e. DATE (YYYYMMDD)	

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SAMPLE

## SECTION B – INSTALLATION STANDARD CLEARANCES (Continued)

9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. TYPED NAME	14. TELEPHONE NO.	15. SIGNATURE
aa. EXCEPTIONAL FAMILY MEMBER PROGRAM @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ab. FINANCE OUT-PROCESSING -FINAL OUT DAY: STEP 2 @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ac. GOOD CONDUCT MEDAL @	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ad. GOVERNMENT PURCHASE CARD	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ae. GOVERNMENT TRAVEL CARD @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
af. HAINERBERG ELEMENTARY	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ag. HAINERBERG HIGH	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ah. HAINERBERG MIDDLE	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ai. INSTALLATION ACCESS CONTROL SYSTEM (IACS) @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
aj. LEGAL SERVICES @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ak. NIPR NET @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
al. OER/NCOER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
am. OFF-POST HOUSING	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
an. OFFICIAL PASSPORT/VISA	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ao. PASSPORT/SOFA @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ap. UPH	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
aq. PHYSICAL SECURITY OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			

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## SECTION B – INSTALLATION STANDARD CLEARANCES (Continued)

9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. TYPED NAME	14. TELEPHONE NO.	15. SIGNATURE
ar. PRIVATELY OWNED FIREARMS @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
as. PROMOTION SECTION	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
at. RED CROSS	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
au. SELF HELP STORE	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
av.	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
aw. SIPRNET ACCOUNT	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ax. SOCIAL WORK SERVICES (WED 1300-1600) @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ay. SOLDIER FOR LIFE - TRANSITION ASSISTANCE @	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
az. SOLDIER MEDICAL READINESS CENTER	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
ba. TRANSITION CENTER -FINAL OUT DAY: STEP 4 @	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bb. TRICARE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bc. TRO UTAP OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bd. TRO VAT OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
be. UNIT SECURITY OFFICE (S-2) @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bf. UPH	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bg. USAREUR SECURITY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bh. VEHICLE REGISTRATION @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			

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bi. VETRINARY SERVICES @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bj. VOTING ASSISTANCE OFFICE	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bk. WI-PCS/COT SPONSORSHIP SURVEY *	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bl. WIC	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
bm. WIESBADEN LIBRARY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			
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	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			
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