PSD
TRANSIENT / STUDENT INFORMATION SHEET

NAME: _____ RANK: _____ SSN: _____ COURSE/CIN: _____
LAST, FIRST MI

REPORTING INFORMATION:

	DATE DETACHED	DUTY STATION /LOCATION	MODE OF TRAVEL					
			POV	____	AIR	___	OTHER	___
DATE REPORTED:		DETACHING ACTIVITY ON YOUR PCS ORDERS						
			POV	____	AIR	___	OTHER	___
		FIRST INTERMEDIATE DUTY STATION OR LEAVE ENROUTE						
			POV	____	AIR	___	OTHER	___
		SECOND INTERMEDIATE DUTY STATION OR LEAVE ENROUTE						
			POV	____	AIR	___	OTHER	___
		THIRD INTERMEDIATE DUTY STATION OR LEAVE ENROUTE						
			POV	____	AIR	___	OTHER	___
		ULTIMATE DUTY STATION						

EAOS: _____ OBLISERVE to train? **YES** **NO**
Extension in record? **YES** **NO**
If yes, number of months: _____
Is member SRB eligible? **YES** **NO**
Does member have dependents? **YES** **NO** Did they travel with the member? **YES** **NO**
Does member's family reside in government quarters? **YES** **NO**
Does the member request Advanced Per Diem to pay their CBQ/BOQ room or hotel during this TDY period? **YES** **NO**
Where does the member currently reside? (**Barracks** **Hotel** **Home** **Government Quarters**) *circle one.*
Are government quarters available? **YES** **NO**

Lodging Facility: _____; Daily Cost: $_____
Dates of Occupation: From_____ To _____
If Advanced Per Diem is requested, please provide the following:

- Lodging receipts or letter of intent(*must show daily lodging rate)*
- Non-availability of government quarters endorsement or memo (*if applicable)*
- Travel Advance Request Form
- Completed EFT form

Does member require a port call (***all sea and overseas ultimate duty stations)***? **YES** **NO**
Is there a screening requirement for these orders (i.e. overseas, instructor)? **YES** **NO** If so, is the screening complete? **YES** **NO**

DETACHING INFORMATION:

Graduation/Estimated detachment date: _____
Mode of travel the member will utilize upon departure: **POV** **AIR**
If traveling POV, is the member requesting Advance Travel pay? **YES** **NO** Number of dependents traveling with member: _____

If advance travel is requested, please provide the following:

- Advance Travel Request Form
- Completed EFT
- Page 2 (Record of Emergency Data/dependency application if requesting with *dependents* travel)

Will the member be requesting advance DLA? **YES** **NO**
Will the member be requesting leave en-route? **YES** **NO** If so, how many days? _____

Leave address: _____ Next of Kin: _____
Leave phone number: _____

	MAKE	MODEL	LICENCE PLATE #	STATE
VEHICLE #1:				
VEHICLE #2:				

PERSUPPACTLANT Form 1320/10(08-05)

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 US Code 1552. EO 9397

PRINCIPLE PURPOSE: To initiate an application for correction of military record. The form is used by Board members to review of pertinent information in making determination of relief through correction of a military record.

Routine USE(S): None

DISCLOSURE: Voluntary: however, failure to provide information may impede processing of this application. The request for Social Security number is strictly to assure proper identification of the individual and appropriate records.