DISPOSITION BOARD RECOMMENDATION		REPORT DATE (YYYYMMDD)
1. NAME (Last, First, Middle)	2. SSN:	3. ID NUMBER
4. CORRECTIONAL FACILITY:		
5. REASON FOR BOARD ACTION: (Check one)		
INITIAL CLEMENCY	INITIAL PAROLE	
RESTORATION/RETURN TO DUTY	SUPPLEMENTAL/SPECIAL CLEMENCY	
6. RECOMMENDATION a. RESTORATION/RETURN TO DUTY b. CLEMENCY c. PAROLE d. TRANSFER e. OTHER 9. OTHER		
7.a. TYPED NAME AND GRADE OF RECORDER	b. SIGNATURE	c. DATE (YYYYMMDD)
8.a. TYPED NAME AND GRADE OF BOARD CHAIRMAN	b. SIGNATURE	c. DATE
	D. SIGNATURE	(YYYYMMDD)
9. RECOMMENDATION OF THE COMMANDER		
TYPED NAME AND GRADE OF COMMANDER	SIGNATURE	DATE (YYYYMMDD)
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