TEMPORARY MAIL DISPOSITION INSTRUCTIONS				
NAME (Last, First, MI) (Print):			RECEPTACLE NUMBER:	
STATUS				
ADV ASG	LEAVE		CONFINED	
TDY	HOSPITAL		AWOL	
EFFECTIVE DATES	FFECTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)			
FROM: TO:				
FORWARD ALL MAIL HOLD ALL MAIL				
FORWARD ONLY				
LETTERS	PARCELS		IEWSPAPERS/MAG	
			·	
PAYCHECK(S) OTHER (Use Spec Inst) COMPLETE FORWARDING ADDRESS:				
SPECIAL INSTRUCTIONS:				
SIGNATURE OF RECEPTACLE HOLDER DATE (Yr, Mo, Day)				
FOLD				
FOR ADVANCE RECEPTACLE ASGN, LIST NAME OF SPONSOR AND DUTY PHONE IN THE SPECIAL INSTRUCTIONS BLOCK.				

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