	190TH AIR REFUELING WING FAMILY PROGRAMS						
Contra Repairie und		PRE-DEPLOYMENT INFORMATION FORM					
Date of Deployment:		Est. Date of Return:					
Fat Number of David Canad		Depleyment Location					
Est. Number of Days Gone:		Deployment Location:					
Today's Date Last N	ame:		First Name:		Grade:		
Address:							
City: State:		Zip Code:					
Unit: Super	visor's Name):		Commander's N	lame		
Civilian Place of Employment:							
Any Specific Concerns							
During Your Absence:							
Who wo	uld you	ı like us	to con	tact in yo	ur absence?		
Name: (First and Last)	-						
Relationship:		Day Phone:					
Employment: E-Mail Address:							
Home Address if differen	nt than yours						
Dependants	Birt	h Date		School	Military ID Card?		
	+						
	_						
D							
Do you have a differ	ent addres	s for your o	children th	at you would	like us to contact them at?		
Privacy Act Statement Require	d by the Privacy	/ Act of 1994 (5u	sc 552a) Secti	on 301, Title 5 USC	and Section 3012 and 8012, Title 10 usc		