

# Request for Assessment



Inspector General of the Marine Corps  
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EMAIL ORGMB.HQMC.IGMC @ nmci.usmc.mil

## PERSONAL INFORMATION

Name\*

*(Last Name, First Name, Middle Initial)*

Grade / Rank\*

Billet / Title\*

E-Mail Address *(\*.MIL)*

*Must be a valid usmc.mil address*

Organization / Agency\*

Address / City/ State \*

Commercial Phone\* / DSN

Ext.

## ADDITIONAL INFORMATION

Assessment Requested\*

Control No.\*

Justification for Request\*

Signature Field\*

*In order to verify requestee, this form must be signed (digital or manually)*

## FOR IGMC OFFICE USE

DATE RECEIVED

APPROVED

RPT FORWARDED

APPROVED BY