

AGE WAIVER EXAMPLE:

ABCD-EFG

MEMORANDUM FOR COMMANDER, HQ USAREC ATTN: RCHS-SVD-PA 1307
Third Avenue, Fort Knox, KY 40121-2726

FOR Staff Sergeant Jane Q Doe, SSN 123-45-6789, U.S. Army Medical Department
Activity, Fort Jackson, SC 29207

SUBJECT: Interservice Physician Assistant Program Application AGE Waiver Request

1. In accordance with AR 601-20, I am requesting a wavier for my age. 28 Feb 15, I will be ____ years of age.
2. I can be reached at the following address: 1234 Main St, Hometown, US 12345;
DSN 123-4567, commercial (123) 456-7890, or e-mail JaneQDoe@us.army.mil.

JANE Q DOE
SSG, USA
Combat Medic