CUI

From: President, Naval Postgraduate School

To: Whom It May Concern

Subj: STATEMENT OF SERVICE

1. This is to certify that the individual named below is currently attending the Naval Postgraduate School. He/she is accompanied by his/her family members (if applicable).

 Name: First MI Last

 Duty Station: Naval Postgraduate School, Monterey, CA

 Job Title: Student (full-time)

 Class Dates: Month YYYY – Month YYYY

 Projected Rotation Date: Month YYYY

 \* Paygrade/Rank: GRADE / RANK / U.S. Navy

 \* Social Security Number: XXX-XX-XXXX

 \* Date of Birth: DD Month YYYY

 \* Active Duty Begin Date: DD Month YYYY

 *\* NOTE: Highlighted are OPTIONAL fields commonly required by lenders. Modify/delete as needed.*

2. This member is currently on active duty and will remain on active duty for at least 36 months after transferring from this command.

3. If you have any questions in this matter, please contact the Executive Assistant to the Dean of Students at (831) 656-2291, dosea@nps.edu.

 C. ESPINOZA

 By direction

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IN ACCORDANCE WITH PRIVACY ACT OF 1974, I HEREBY AUTHORIZE THE RELEASE OF THE ABOVE INFORMATION. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

 I. M. SERVING