REQUEST FOR STATE AWARDS AND MEDALS

Privacy Act Statement

PURPOSE: The purpose for requiring the last fo ROUTINE USES: Information is used within con DISCLOSURE: Mandatory disclosure of last 4 or identical names.	mand channels to verify individ	lual's time ir	n service and other cr	iteria for awards a	s prescribed in MDR		
1. From:	2. Thru:				2. Thru:		
3. To: Office of the Adjutant General ATTN: Chief of Staff for State Operations 1 National Guard Road		4. Date Prepared:5. Award Requested:			6. Years:		
Columbia, SC 29201-4766	7. Pers	onnel In	formation				
Last Name	First Name	t Name MI SSN (Last 4) Rank			Qualifyir	Qualifying Period	
8. Approval Authority (Typed Nar	ne and Rank):	9	. Signature of A	pproval Auth	hority:		

REQUEST FOR STATE AWARDS

INSTRUCTIONS

- 1. From: Unit preparing award
- 2. Thru: Each higher administrative headquarters (only to level authorized to approve award) [see MDR 600-08-22-1 (State Decorations, Awards, and Honors), Table 2-1 (Designation and/or Delegation of Award Approval Authority)]
- 3. To: Awards Issuing Authority (Preprinted)
- 4. Date Prepared: The date the request was prepared
- 5. Award Requested: SC Active State Service Medal, Palmetto Service Ribbon, Safety Service Ribbon, SC Mobilization Ribbon, Counterdrug Service Ribbon, Recruiting & Retention Achievement Ribbon
- 6. Years: Number of years determining award (e.g., 10, 15, 20, etc.) if applicable
- 7. Personnel Information:
 - Full Name: Last Name, First Name, Middle Initial
 - SSN (Last 4)
 - Rank
 - Qualifying Period List applicable periods of service for specific type awards. Show breaks in service (e.g., 10 Jun 52 9 Jun 58 / 14 Oct 72 13 Oct 76).
- 8. Approval Authority
- 9. Signature of Approval Authority (use of electronic signature is authorized)

*** NOTE: Provide supporting documentation as attachments to this document.