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SERVICE MEDAL AWARD VERIFICATION

(Continue on reverse, if necessary)

<i>NAME (Last, First, Middle Initial)</i>		<i>GRADE</i>	<i>SSN</i>
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<i>AWARD</i>	<i>OPERATION UNIT</i> <i>(Each time the form is posted, the words "Last Entry" must be included after last item)</i>	<i>INCLUSIVE PERIODS</i> <i>(For additional instructions, see AFI 36-2803)</i>	<i>MEMBER'S INITIAL</i> <i>(Optional)</i>
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<i>SIGNATURE BLOCK OF PERSONS VERIFYING ELIGIBILITY</i>	<i>SIGNATURE</i>	<i>DATE</i>

AWARD	OPERATION UNIT <i>(Each time the form is posted, the words "Last Entry" must be included after last item)</i>	INCLUSIVE PERIODS <i>(For additional instructions, see AFI 36-2803)</i>	MEMBER'S INITIAL <i>(Optional)</i>
<i>SIGNATURE BLOCK OF PERSONS VERIFYING ELIGIBILITY</i>		<i>SIGNATURE</i>	<i>DATE</i>