

CHRONOLOGY RECORD *(Military Personnel Security Case)*

For use of this form, see AR 604-10; the proponent agency is DCSPER

LAST NAME - FIRST NAME - MIDDLE INITIAL	SERVICE NO./SSN OR SELECTIVE SERVICE NO.	GRADE <i>(If applicable)</i>
HEADQUARTERS INITIATING INVESTIGATION	DATE INITIATED	DATE FORWARDED

SECTION I - ACTION DATA

	ACTION AGENCY	DATE RECEIVED	DATE FORWARDED
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