

ND-PEB Demographics

DATE: _____

SOLDIER'S NAME _____

RANK: _____

SOLDIER INFORMATION

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

MILITARY EMAIL: _____ .mil@mail.mil

CIVILIAN EMAIL: _____

UNIT INFORMATION

UNIT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMMANDER: _____

COMMANDER PHONE: _____

COMMANDER EMAIL: _____ .mil@mail.mil

UNIT POC: _____

UNIT POC PHONE: _____

UNIT POC EMAIL: _____ @mail.mil

VERIFICATION

SIGNATURE: _____

****Direct all NDPEB Responses and Inquiries to the following email
address: usarmy.gordon.medcom-eamc.mbx.meb-counsel@health.mil****