



POST OFFICE OUTPROCESSING FORM



Revised: 04 JUNE 24

WE WILL NOT PROCESS ANY REQUEST UNLESS IT IS SUBMITTED WITHIN 30 DAYS OF DEPARTURE.

Box #: _____

Rank: _____ Last Name: _____ First Name: _____ MI: _____

DoDID#: _____

FORWARDING ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

DATE TO START FORWARDING MAIL: _____ SIGNATURE: _____

Please note to change your address for any letter mail (bills, banks statements, USAA, etc.) you receive and subscriptions (magazines, IPSY, dollar shave club, etc). It greatly reduces the amount of mail we receive and ensures it makes it to your correct address in a timely manner.

FOR POSTAL PERSONNEL:

Postal Clerk: _____

AMPS: VMPF: Closed box on floor: Forwarding Address labels made:

Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties. Further distribution is prohibited without the approval of the author of this message unless the recipient has a need to know in the performance of official duties.

Postal Org Boxes:

Northside Post Office - 786fss.postal.service.1@us.af.mil

Southside Post Office - 786fss.southside.postal@us.af.mil

Kapaun Post Office - 786fss.fsxkn.kapauncustomersvc@us.af.mil