

AGE WAIVER EXAMPLE:

ABCD-EFG

MEMORANDUM FOR COMMANDER, HQ USAREC ATTN: RCHS-SVD-PA 1307
Third Avenue, Fort Knox, KY 40121-2726

FOR **Staff Sergeant Jane Q Doe**, SSN **123-45-6789**, **U.S. Army Medical Department Activity, Fort Jackson, SC 29207**

SUBJECT: Interservice Physician Assistant Program Application AGE Waiver Request
(required only of over the age of 38 at the time of commissioning)

1. In accordance with AR 601-20, I am requesting a wavier for my age. 01 July 2016, I will be ____ years of age.
2. I can be reached at the following address: 1234 Main St, Hometown, US 12345; DSN **123-4567**, commercial **(123) 456-7890**, or e-mail **JaneQDoe@us.army.mil**.

JANE Q DOE
SSG, USA
Combat Medic