



OFFICE SYMBOL

**INTERSTATE TRANSFER
(OUTGOINT REQUEST)
LETTERHEAD**



DATE

MEMORANDUM FOR RECORD

SUBJECT: Verification of Unit Clearance: 1LT John Smith (Include last four of SSN)

1. The above Officer has requested to be transferred to National Guard Unit within another State. The Soldier has cleared all property and equipment hand receipts through turn-in of property or payment in full for missing property.
2. This unit has no medical or dental records pertaining to Officer's Rank and Name. All medical and dental records are now entered digitally into the Army record keeping system.
3. I have verified that the Officer's medical records are in Health Readiness Record (HRR) at <https://medchart.ngb.army.mil/hrr/>.
4. 1LT John Smith's last evaluation was completed on (enter date). He initiated a support form in the Electronic Evaluation System (EES). The rater for this evaluation is (enter rank, name, position) and the senior rater is (rank, name, position). The rater received notification that this evaluation must be completed within 30 days of the effective date of transfer.
5. For more information contact the undersigned at (Commander name and email) or (Unit POC name, email, and phone).

////////////////signed////////////////
SIGNATURE BLOCK
Commander