

STATEMENT OF UNDERSTANDING FOR APPOINTMENT AS A COMMISSIONED OFFICER

For use of this form, see AR 135-101; the proponent agency is the Office of The Surgeon General.

I understand that my appointment as a commissioned officer in the United States Army reserve is being accomplished prior to completion of a required National Agency Check and Federal Bureau of Investigation Name Check.

I further understand that if as a result of completion of the post-commissioning investigation process I am determined unacceptable for appointment as a commissioned officer, I will be discharged from the United States Army Reserve and I will receive an Honorable Discharge Certificate.

NAME *(Typed or printed)*

SIGNATURE

DATE