

DEPARTMENT / AGENCY \_\_\_\_\_

I hereby authorize the following individual(s) to follow-up, inquire, retrieve, or make changes to documents presented to BBMR for review and disposition. This authorization is effective immediately until rescinded in writing to BBMR.

*[list at least one (1), but no more than three (3) names for this purpose]*

- |   |                   |                           |                         |
|---|-------------------|---------------------------|-------------------------|
| 1 | _____             | _____                     | _____                   |
|   | <i>print name</i> | <i>signature specimen</i> | <i>initial specimen</i> |
| 2 | _____             | _____                     | _____                   |
|   | <i>print name</i> | <i>signature specimen</i> | <i>initial specimen</i> |
| 3 | _____             | _____                     | _____                   |
|   | <i>print name</i> | <i>signature specimen</i> | <i>initial specimen</i> |

**APPROVED:**

\_\_\_\_\_

*print name of appointing authority*

\_\_\_\_\_

*signature of appointing authority*

DATE: \_\_\_\_\_