

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 This authorization is effective immediately until rescinded in writing to BBMR.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: _____