

**PASS/LIBERTY AND NO COST TDY REQUEST**

(This form will be used in lieu of DA 31 Army, AF Fm 988 AF, NAVCOMPT FM 3065 Navy, DD FM 1610. Completion of this form is mandatory, failure to provide the required information may result in your request being denied.)

NAME \_\_\_\_\_ RANK \_\_\_\_\_ REQUEST DATE \_\_\_\_\_

SERVICE/DEPT \_\_\_\_\_ DUTY PHONE \_\_\_\_\_

PASS/LIBERTY/TDY ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check number days:

2 DAY \_\_\_\_\_ 3 DAY \_\_\_\_\_ 4 DAY \_\_\_\_\_

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

Approved/Disapproved  
SUPERVISORS' SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Approved/Disapproved  
ACTIVITY HEAD/DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

Approved/Disapproved  
CDR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**PRIVACY ACT STATEMENT**

AUTHORITY: Title 5 U.S.C., section 552a

PRINCIPAL PURPOSE: To authorize military pass/liberty/no cost TSY, document the start and stop of such request; record address and telephone number where you may be contacted in case of emergency during pass/liberty/no cost TDY.

ROUTINE USES: Information may be disclosed to the Department of Justice, and to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law. The American Red Cross for information concerning the needs of the member or dependents and relatives in emergency situations.

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