

AIR FORCE AID SOCIETY – RECONSIDERATION FORM ACTIVE-DUTY SERVICE MEMBERS

Applicants Name

Applicant Phone Number

Applicant Email Address

AFAS Case
Number

I am respectfully requesting reconsideration of the case listed above, acknowledging the following conditions:

1. The request must be submitted within 5 business days of the initial disapproval.
2. I have consulted with my Commander, Director or First Sergeant and they have endorsed this form.

Date of Reconsideration Request

Date of Original Case Disapproval

Reason for Official Disapproval: Please specify the reason for the initial disapproval.

Reason for the Reconsideration Request:

This form is being emailed to reconsiderations@afas-hq.org within 5 business days of the initial disapproval.

☐ YES ☐ NO

I have attached all supporting documents to this email for review (list documents below).

☐ YES ☐ NO

I understand that the final decision concerning this reconsideration request will be made by the Air Force Aid Society.

☐ YES ☐ NO

I certify the above information and statements to be true and complete.

Member's Signature

Commander, Director, or First Sergeant Endorsement. I concur with this request for reconsideration.YES ☐ NO ☐

Printed Name of Commander, Director, or First Sergeant

Rank/Position

Signature

Email Address

Phone