RECONSIDERATION REQUEST

Traditional Guard & Reserve

Applicant Information

Applicant's name

Phone number

AFAS case number

Email address

Date of reconsideration request

Date of original case disapproval

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

1. The request must be submitted within 7 business days of the initial disapproval.
2. I have consulted with my Commander, Director, First Sergeant or Military & Family Readiness Center Office Representative and they have endorsed this form.

Reconsideration requests will be reviewed within 7 business days of submission.

Reconsideration Details

Reason for official disapproval Please specify the reason for the initial disapproval.

Reason for the reconsideration request

Acknowledgments

This form is being emailed to **reconsiderations@afas-hq.org** within 7 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 & Space Forces Aid Society. ○ Yes ○ No

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

Member's signature

Tap or click here to sign

Endorsement

Commander, Director, First Sergeant, Military & Family Readiness Center Office Representative Endorsement. I concur with this request for reconsideration. ○ Yes ○ No

Printed name (CC, Director, CCF, M&FRC Office Rep)

Signature DIGITAL SIGNATURE REQUIRED

Click here to sign with a digital ID

Rank / position

Email address

Phone