

INSTALLATION CLEARANCE RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Section 301, Title 5, USC.
PRINCIPAL PURPOSE: To ensure soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.
ROUTINE USES: To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (*DoD*) and DoD sponsored agencies.
DISCLOSURE: Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.

INSTRUCTIONS TO THE SOLDIER: This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. It is your responsibility to complete this checklist properly. If you are separating or retiring from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving 55 percent of your final pay pending verification by DFAS of any outstanding debts. Activities marked with an @ require clearance for all soldiers separating or retiring from the Active Army, including AGR personnel. Activities marked with an asterisk (*) require clearance for soldiers departing on PCS. Activities not marked will be cleared per installation instructions. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed. Provide any additional information in Remarks, block 17.

SECTION A - PERSONNEL DATA *(To be completed by the commander, S1, processing control station, or appointed official)*

1. NAME	2. RANK	3. SSN	4. ORDERS NO.
5. GAINING UNIT	6. LOSING UNIT		7. DATE OF ORDERS (YYYYMMDD)
8. REASON FOR CLEARING <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER <i>(Specify)</i>			9. DEPARTURE DATE (YYYYMMDD)

SECTION B - INSTALLATION STANDARD CLEARANCES

10. INSTALLATION ACTIVITY	11. YES	12. DEBT AMOUNT	13. NO	14. TYPED NAME	15. TELEPHONE NO.	16. SIGNATURE
a. Personnel Information @*						
b. Personnel Management @*						
c. Medical Facility @*						
d. TRICARE Service Center Health Benefits Advisor or Medical Element Equivalent @*						
e. Dental Facility @*						
f. DEERS/RAPIDS/ID Cards and Tags @*						
g. Transportation Office @*						
h. Central Issue Facility @*						
i. Education Center @*						
j. Army Emergency Relief@*						
k. Post Exchange @						

SECTION B - INSTALLATION STANDARD CLEARANCES (Continued)

10.. INSTALLATION ACTIVITY	11. YES	12. DEBT AMOUNT	13. NO	14. TYPED NAME	15. TELEPHONE NO.	16. SIGNATURE
l. Security Office *						
m. Provost Marshal						
n. Housing Office						
o. Army Community Services Center						
p. Commercial Activities						
q. Morale, Welfare, and Recreation Fund Manager						
r. Training Aids Center						
s. Commissary						
t. Child and Youth Services/School Liaison Officer						
u. Reserve Component Career Counselor						
v. Lodging Office						
w. Has the soldier completed ACAP processing? @						

17. REMARKS:

SECTION C - MILITARY PAY PROCESSING

18. MILITARY PAY CLEARANCES

a. MILITARY PAY OFFICE	b. TYPED NAME	c. TELEPHONE NO	d. SIGNATURE	e. DATE (YYYYMMDD)
(1) Travel Pay Processing @*				
(2) Separation Pay Processing @				
(3) Debt Processing @				

SECTION D - PROCESSING CONTROL STATION

19a. Does the soldier have a signed, authenticated, and dated Service Member Deployment History Out-processing Verification form? @* YES <input type="checkbox"/> NO <input type="checkbox"/>	b. TYPED NAME	c. TELEPHONE NO.	d. SIGNATURE	e. DATE (YYYYMMDD)
20. Has the soldier completed out-processing? @* YES <input type="checkbox"/> NO <input type="checkbox"/>	a. TYPED NAME	b. TELEPHONE NO.	c. SIGNATURE	d. DATE (YYYYMMDD)