

PRIVACY ACT NOTIFICATION

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EOV PARTICIPATION NOMINATION FORM

NAVCRUITDIST:	DATE:
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NAVCRUITSTA:	RECRUITER:
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EOV TO:	DATE FROM:	DATE TO:	POSITION:
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NOMINEE'S NAME:
JOB TITLE:
EMAIL ADDRESS:

SCHOOL:	PHONE NO:
	CELL PHONE NO:
	FAX NO:

ADDRESS:

JUSTIFICATION FOR INVITING:

ASVAB TESTING INFORMATION: Does the school conduct ASVAB Testing? Yes No

What code is assigned for release of ASVAB Test scores? (Check One)
 1 2 3 4 5 6 7 8

REPEATED INFORMATION:
RECOMMENDATION: Approved Disapproved _____
NAVCRUITDIST ESS

R-OPS::
RECOMMENDATION: Approved Disapproved _____
NAVCRUITDIST R-OPS

REPEATER APPROVAL::
RECOMMENDATION: Approved Disapproved _____
NAVCRUITDIST COMMANDING OFFICER