

## **Basic Information and Documentation Required for Submission of a Request for Reconsideration of an Approved, Disapproved, or Downgraded Award Recommendation**

### **1. Original DA Form 638 (Recommendation for Award) or equivalent with chain of command endorsements and all original supporting documentation**

a. For a past conflict case, if the requestor does not possess an original DA Form 638 or equivalent, nor is it contained in the Soldier or Veteran's military personnel file, the requestor should engage the National Archives, ATTN: Textual Reference Branch, 8601 Adelphi Road, College Park, MD 20740-6001. We strongly encourage the requestor to consider hiring an independent researcher to attempt to locate an original recommendation; a listing may be found at: <https://www.archives.gov/research/hire-help/locations.html?facility=college-park>. If the hired researcher cannot locate original award documents, that individual should furnish a signed letter stating as such.

b. Documentation pertaining to recent awards may also be available from the unit that initiated the recommendation or from the command that ultimately acted on the recommendation. If a unit is no longer active, a Soldier or Veteran should contact the unit's next higher headquarters. When contacting commands, specifically communicate with the S-1, G-1, or J-1 section of the headquarters.

### **2. New, substantive, and material information pertaining directly to the Soldier's actions, service, or achievements**

a. The new information being provided must reflect a substantive change in the scope and magnitude of a Soldier's actions, service, or achievements. Simply restating or elaborating on known facts, or providing information that is irrelevant to the Soldier does not justify a request for reconsideration.

b. To determine if the additional information submitted fulfills the regulatory requirements, the Awards and Decorations Branch compares the new documents to the original recommendation and, when possible, official supporting documentation.

c. Requests for reconsideration of valorous awards must be supported by official documentation, such as After Action Reports, S2 / S3 Journals, official histories of the event, notarized eyewitness statements, color maps/diagrams, photos, etc. In the case of past conflict requests, original unit reports and other pertinent source documents may be also requested from the National Archives in College Park, MD.

### **3. Letter of justification**

a. By regulation, the letter of justification may be a maximum of two single-spaced, typewritten pages.

b. The letter of justification must specifically describe what new information is being presented that was not previously known or considered at the time of the original recommendation and how this information justifies a request for reconsideration. Allegations of bias, improper processing, etc. do not justify reconsideration.

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### **4. New DA Form 638 (Recommendation for Award) for the proposed award**

a. A DA Form 638 for the proposed award must be constructed as illustrated on the attached sample DA Form 638. It must be signed by a qualified living recommender; please see AR 600-8-22 (Military Awards), Paragraph 3-5 (Who May Recommend) (copy enclosed) for more guidance.

b. The new, substantive, and material information must be incorporated into the achievements / narrative and proposed citation.

c. In accordance with Army Regulation 600-8-22, paragraph 1-16, *b*, the former chain of command must endorse the DA Form 638, in Blocks 23 through 25, and 25-A1 through 25-A5 as needed.

(1) Approval authorities for peacetime awards can be found in Army Regulation (AR) 600-8-22 (Military Awards), Table 3-3.

(2) Approval authorities for wartime awards can be found in AR 600-8-22, table 3-5.

### **5. Referral by a Member of Congress**

a. A request for reconsideration or appeal of a disapproved or downgraded award, or a request for an upgrade of a previously approved recommendation must be placed in official channels within one year from the date of the awarding authority's decision. If one year has passed without such action, it must be referred to HRC Awards Branch by an active Member of the U.S. Senate or House in accordance with Title 10, United States Code, Section 1130. One time reconsideration by the award approval authority shall be conclusive.

b. The referring Member of Congress does not have to be the Veteran's or Soldier's Senator or Representative.

**Specific questions concerning the requirements for award reconsideration may be directed to the U.S. Army Human Resources Command, Awards and Decorations Branch at: 502-613-9126, or [usarmy.knox.hrc.mbx.tagd-awards@army.mil](mailto:usarmy.knox.hrc.mbx.tagd-awards@army.mil). Written inquiries may be submitted to: U.S. Army Human Resources Command, ATTN: AHRC-PDP-A, 1600 Spearhead Division Avenue, Department 480, Fort Knox, Kentucky 40122-5408.**

### **3-5. Who may recommend**

*a.* The Army does not allow self-recognition (including spouses or other Family members), therefore, a Soldier may not recommend himself or herself for award of a decoration.

*b.* The recommending official must have first-hand personal knowledge of the event, or have been senior in grade at the time of the action(s) or service, to the individual being recommended for an award. Additionally, the recommending official must have knowledge of all the action(s) or service cited. That is, the recommending official must have either observed the actions or been provided information by an individual who observed the actions.

*c.* Recommending officials who did not personally witness the action must have been associated, by virtue of their position in the command, with the incident and/or the individual being recommended for the award. If the recommending official is not the commanding officer, the commander, if available, must endorse the recommendation. If it is no longer possible to route the recommendation through the commander (for example, the commander is deceased), a signed statement to the effect must be included. In this case, another officer who has knowledge of the action(s), and who was senior in the chain of command of the individual being recommended during the period for which recognition is desired, may endorse the recommendation.

*d.* Recommendations for the award of Army decorations to members of another Service branch will be submitted by Army personnel only.

### **3-6. Peacetime award approval authority**

*a.* Awards for peacetime service are made by the President, the SECDEF, and the SECARMY. When peacetime criteria apply, authority to award decorations is automatically delegated as shown in table 3-3.

*b.* Approval authorities must be in command or serving as head of a principal HQDA agency. The following also applies:

(1) Authority is extended to include those individuals occupying vacant command positions of approval authorities listed in table 3-3, regardless of grade. For example, a LTC/O-5 assigned on orders as a brigade commander (an authorized COL/O-6 position) is authorized to act on recommendations for award of the ARCOM. This authority may not be delegated to subordinate officials (that is, executive officer, chief of staff, deputy commander, and so forth).

(2) In instances where the incumbent commander is not available to act on recommendations (for example, hospitalization, extended TDY, or leave) the acting commander, regardless of rank, may take final action provided their assumption of command has been officially documented. In such cases, the acting commander will sign documents using the title "Acting Commander." A copy of the assumption of command orders will be filed with the DA Form 638.

(3) Rear detachment commanders are not authorized awards approval authority if the command is deployed forward. In this situation award recommendations will be forwarded to the next higher peacetime command awards approval authority.

*c.* Commanders can only approve awards for Servicemembers that are assigned or attached to their organizations by appropriate orders or other documentation. When Servicemembers perform duties with a command to which they are not assigned or attached, award recommendations must be submitted to their parent unit/chain of command for approval.

*d.* All CGs may delegate peacetime awards approval authority, in writing, to their DCGs commensurate with the DCG's rank. DCGs are further defined as an Army officer in the grade of BG/O-7 (including COL/O-6 promotable (P) in a general officer billet) and above.

*e.* The delegation of military awards approval authority to certain senior civilian leaders is governed by DA Memo 600-8-22 from the AASA.

*f.* Commanders having authority to approve an award may delegate disapproval authority (to include downgrade) to their immediate subordinate commanders, provided those subordinate commanders have authority to approve the next lower award. This delegation must be in writing and will be accomplished with each change of command. Commanders (ACOMs, ASCCs, DRUs) reporting directly to HRC for awards approval purposes, and officials reporting directly to a principal HQDA agency are delegated disapproval authority for current recommendations for award of the DFC, SM, and AM. Such commanders and HQDA officials may also disapprove service and other achievement award recommendations, provided they have authority to approve the next lower award. This disapproval authority includes awards for non-Army personnel.

*g.* The CSA (delegated to the Vice CSA) has the authority to approve all recommendations of the DSM.

*h.* Army general officers with LM approval authority are delegated downgrade authority for DSM recommendations for COL/O-6 and below. Additionally, ACOM commanders have authority to disapprove or downgrade all recommendations of the DSM (to include general officers). This downgrade authority will not be further delegated.

*i.* An individual who is eligible for a DOD Joint award will not be recommended for an award through their parent Service unless an appropriate DOD Joint award does not exist. Unless otherwise stated, only Servicemembers assigned to a joint duty activity or joint task force headquarters, or performing duties related to joint matters in accordance with 10

# RECOMMENDATION FOR AWARD

For use of this form, see AR 600-8-22; the proponent agency is DCS, G-1.

**For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Chapters 57 and 357, Decorations and Awards; 10 U.S.C. 3013, Secretary of the Army; Army Regulation 600-8-22, Military Awards; and E.O. 9397 (SSN), as amended.

**PURPOSE(S):** To consider individual nominations for awards and/or decorations; record final action; maintain individual award case files.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Information may be disclosed to public and private organizations including news media, which grant or publicize awards or honors.

**DISCLOSURE:** Disclosure of personally identifiable information is voluntary. However, failure to provide identifying information may delay processing of this application.

1. TO USAHRC, ATTN: AHRC-PDP-A, 1600 Spearhead Division Avenue, Dept. 480, Fort Knox, KY 40122-5408	2. FROM Name/mailling address of the last endorsing intermediate authority or that of the recommender if all intermediate authorities are deceased	3. DATE (YYYYMMDD) Date the recommender signs the DA 638
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## PART I - SOLDIER DATA

4. NAME (Last, First, Middle Initial) Recipient's full name	5. RANK At the time of the proposed award	6. SSN Recipient's full SSN or Service Number
7. ORGANIZATION Recipient's unit of assignment during the period for which they are being recommended	8. PREVIOUS AWARDS List all previous <b>individual</b> decorations (i.e. Purple Heart, Bronze Star Medal, etc.); service medals, campaign medals, badges, and unit awards should <b>NOT</b> be included	
9. BRANCH OF SERVICE	10. RECOMMENDED AWARD Specify recommended award	11. PERIOD OF AWARD a. FROM b. TO
12. REASON FOR AWARD		
12a. INDICATE REASON SVC, ACH, Heroism, Valor, ETS PCS, or RET	12b. INTERIM AWARD <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE AWARD GIVEN	12c. POSTHUMOUS <input type="checkbox"/> YES <input type="checkbox"/> NO
		13. PROPOSED PRESENTATION DATE (YYYYMMDD) Recommendation should be submitted <b>90</b> days prior to this date

## PART II - RECOMMENDER DATA

14. NAME (Last, First, Middle Initial) Recommender who has personal, firsthand knowledge of the recipient's actions	15. ADDRESS Recommender's personal or official mailing address	
16. TITLE/POSITION Recommender's position at the time of the proposed award	17. RANK At the time	
18. RELATIONSHIP TO AWARDEE	19. SIGNATURE Must be signed by the recommender	

## PART III - JUSTIFICATION AND CITATION DATA (Use specific bullet examples of meritorious acts or service)

20. ACHIEVEMENTS

ACHIEVEMENT #1  
Recommendations for the Meritorious Service Medal and below will utilize the achievement blocks to list the justification for the award.  
Recommendations for the Bronze Star Medal and above will utilize a separate award narrative.  
Narratives for the Bronze Star Medal through the Silver Star are limited to one double-spaced typewritten page in standard 12 point font.  
There are no regulatory limits to the length of the narrative for recommendations of the Distinguished Service Medal and higher.

ACHIEVEMENT #2

ACHIEVEMENT #3

ACHIEVEMENT #4

21. PROPOSED CITATION

Recommendations for the Meritorious Service Medal and below will utilize this block for the proposed citation, which is limited to six lines.

Recommendations for the Bronze Star Medal and above must be submitted with a separate proposed citation.  
Proposed citations for award of the Bronze Star Medal through the Silver Star are limited to nine lines.  
Proposed citations for award of the Distinguished Service Medal and higher are limited to 19 lines.

NAME (Last, First, Middle Initial) Servicemember or Veteran's full name		SSN Servicemember or Veteran's complete SSN or service number	
<b>PART IV - RECOMMENDATIONS/APPROVAL/DISAPPROVAL</b>			
22. I certify that this individual is eligible for an award in accordance with AR 600-8-22; and that the information contained in Part I is correct.		22a. SIGNATURE Signed by the S-1 (or recommender if discharged)	22b. DATE (YYYYMMDD) Dated by signer of 22a
23. INTERMEDIATE AUTHORITY	a. TO Commander, X Battalion	b. FROM Commander Company Y, X Battalion	c. DATE (YYYYMMDD) Dated by intermediate
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former title (e.g. Company Commander)		h. SIGNATURE If living, intermediate must sign. If deceased, leave blank.	
i. COMMENTS Pertinent comments from commander if living. Annotate date of death if deceased.			
24. INTERMEDIATE AUTHORITY	a. TO Commander Z Regiment / Brigade	b. FROM Commander X Battalion	c. DATE (YYYYMMDD) Dated by intermediate
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former title (e.g. Battalion Commander)		h. SIGNATURE If living, intermediate must sign. If deceased, leave blank.	
i. COMMENTS Pertinent comments from commander if living. Annotate date of death if deceased.			
25. INTERMEDIATE AUTHORITY	a. TO Commander Z Brigade / Division / Corps / etc.	b. FROM Commander Z Regiment / Brigade	c. DATE (YYYYMMDD) Dated by intermediate
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) Former commander's full name		f. RANK At the time indicated in Block 11	
g. TITLE/POSITION Former title (e.g. Regiment / Brigade Commander)		h. SIGNATURE If living, intermediate must sign. If deceased, leave blank.	
i. COMMENTS Pertinent comments from commander if living. Annotate date of death if deceased.			
26. APPROVAL AUTHORITY	a. TO LEAVE BLANK	b. FROM LEAVE BLANK	c. DATE (YYYYMMDD) LEAVE BLANK
d. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial) LEAVE BLANK		f. RANK LEAVE BLANK	
g. TITLE/POSITION LEAVE BLANK		h. SIGNATURE LEAVE BLANK	
i. COMMENTS LEAVE ENTIRE BLOCK 26 BLANK; TO BE COMPLETED BY USAHRC.			
<b>PART V - ORDERS DATA</b>			
27a. ORDERS ISSUING HQ LEAVE BLANK	27b. PERMANENT ORDER NO. LEAVE BLANK	31. DISTRIBUTION  LEAVE BLANK	
28a. NAME OF ORDERS APPROVAL AUTHORITY LEAVE BLANK	28b. RANK LEAVE BLANK		
28c. TITLE/POSITION LEAVE BLANK	29. APPROVED AWARD LEAVE BLANK		
28d. SIGNATURE LEAVE BLANK	30. DATE (YYYYMMDD) LEAVE BLANK		

NAME (Last, First, Middle Initial) Servicemember or Veteran's full name		SSN Servicemember or Veterans' full SSN or Service Number	
<b>ADDENDUM - INTERMEDIATE AUTHORITY</b>			
25-A1. <b>INTERMEDIATE AUTHORITY</b>	a. TO <b>Commander</b> Z Division / Corps / etc.	b. FROM <b>Commander</b> Z Brigade / Division / Corps / etc.	c. DATE (YYYYMMDD) Dated by intermediate
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
<small>If living, intermediate authority must check the box of their recommendation. If deceased, do not check any boxes.</small>			
e. NAME (Last, First, Middle Initial) Former commander's full name	f. RANK At the time indicated in Block 11		
g. TITLE/POSITION Former title (e.g. Z Commander)	h. SIGNATURE If living, intermediate must sign. If deceased, leave blank.		
i. COMMENTS  Pertinent comments from commander if living. Annotate date of death if deceased.			
25-A2. <b>INTERMEDIATE AUTHORITY</b>	a. TO <b>Commander</b> Z Corps / etc.	b. FROM <b>Commander</b> Z Division / Corps / etc.	c. DATE (YYYYMMDD) Dated by intermediate
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
<small>If living, intermediate authority must check the box of their recommendation. If deceased, do not check any boxes.</small>			
e. NAME (Last, First, Middle Initial) Former commander's full name	f. RANK At the time indicated in Block 11		
g. TITLE/POSITION Former title (e.g. Z Commander)	h. SIGNATURE If living, intermediate must sign. If deceased, leave blank.		
i. COMMENTS  Pertinent comments from commander if living. Annotate date of death if deceased.			
25-A3. <b>INTERMEDIATE AUTHORITY</b>	a. TO <b>USAHRC, ATTN: AHRC-PDP-A</b> (or next higher headquarters, as necessary)	b. FROM <b>Commander</b> Z Corps / etc.	c. DATE (YYYYMMDD) Dated by intermediate
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
<small>If living, intermediate authority must check the box of their recommendation. If deceased, do not check any boxes.</small>			
e. NAME (Last, First, Middle Initial) Former commander's full name	f. RANK At the time indicated in Block 11		
g. TITLE/POSITION Former title (e.g. Z Commander)	h. SIGNATURE If living, intermediate must sign. If deceased, leave blank.		
i. COMMENTS  Pertinent comments from commander if living. Annotate date of death if deceased.			
25-A4. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)	f. RANK		
g. TITLE/POSITION	h. SIGNATURE		
i. COMMENTS			
25-A5. <b>INTERMEDIATE AUTHORITY</b>	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)	f. RANK		
g. TITLE/POSITION	h. SIGNATURE		
i. COMMENTS			

# RECOMMENDATION FOR AWARD

For use of this form, see AR 600-8-22; the proponent agency is DCS, G-1.

**For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. Chapters 57 and 357, Decorations and Awards; 10 U.S.C. 3013, Secretary of the Army; Army Regulation 600-8-22, Military Awards; and E.O. 9397 (SSN), as amended.

**PURPOSE(S):** To consider individual nominations for awards and/or decorations; record final action; maintain individual award case files.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: Information may be disclosed to public and private organizations including news media, which grant or publicize awards or honors.

**DISCLOSURE:** Disclosure of personally identifiable information is voluntary. However, failure to provide identifying information may delay processing of this application.

1. TO	2. FROM	3. DATE (YYYYMMDD)
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## PART I - SOLDIER DATA

4. NAME (Last, First, Middle Initial)	5. RANK	6. SSN	
7. ORGANIZATION	8. PREVIOUS AWARDS		
9. BRANCH OF SERVICE	10. RECOMMENDED AWARD	11. PERIOD OF AWARD	
		a. FROM	b. TO
12. REASON FOR AWARD			
12a. INDICATE REASON	12b. INTERIM AWARD <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE AWARD GIVEN	12c. POSTHUMOUS <input type="checkbox"/> YES <input type="checkbox"/> NO	13. PROPOSED PRESENTATION DATE (YYYYMMDD)

## PART II - RECOMMENDER DATA

14. NAME (Last, First, Middle Initial)	15. ADDRESS		
16. TITLE/POSITION	17. RANK		
18. RELATIONSHIP TO AWARDEE	19. SIGNATURE		

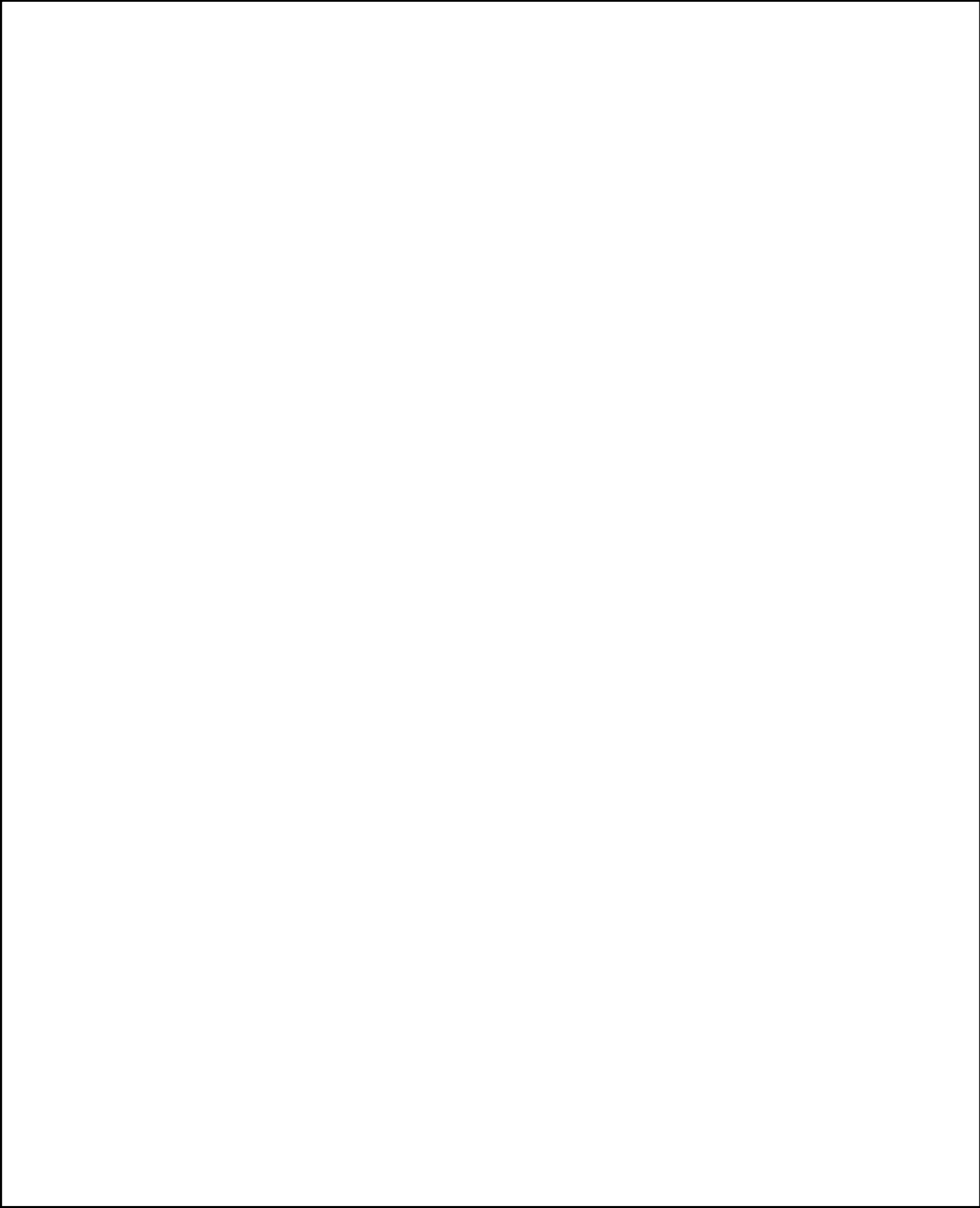
## PART III - JUSTIFICATION AND CITATION DATA (Use specific bullet examples of meritorious acts or service)

20. ACHIEVEMENTS
ACHIEVEMENT #1
ACHIEVEMENT #2
ACHIEVEMENT #3
ACHIEVEMENT #4
21. PROPOSED CITATION

NAME (Last, First, Middle Initial)		SSN	
<b>PART IV - RECOMMENDATIONS/APPROVAL/DISAPPROVAL</b>			
22. I certify that this individual is eligible for an award in accordance with AR 600-8-22; and that the information contained in Part I is correct.		22a. SIGNATURE	22b. DATE (YYYYMMDD)
23. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
24. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
25. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
26. APPROVAL AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
d. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
<b>PART V - ORDERS DATA</b>			
27a. ORDERS ISSUING HQ		27b. PERMANENT ORDER NO.	31. DISTRIBUTION
28a. NAME OF ORDERS APPROVAL AUTHORITY		28b. RANK	
28c. TITLE/POSITION		29. APPROVED AWARD	
28d. SIGNATURE		30. DATE (YYYYMMDD)	

NAME (Last, First, Middle Initial)		SSN	
<b>ADDENDUM - INTERMEDIATE AUTHORITY</b>			
<b>25-A1. INTERMEDIATE AUTHORITY</b>		a. TO	b. FROM
		c. DATE (YYYYMMDD)	
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
<b>25-A2. INTERMEDIATE AUTHORITY</b>		a. TO	b. FROM
		c. DATE (YYYYMMDD)	
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
<b>25-A3. INTERMEDIATE AUTHORITY</b>		a. TO	b. FROM
		c. DATE (YYYYMMDD)	
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
<b>25-A4. INTERMEDIATE AUTHORITY</b>		a. TO	b. FROM
		c. DATE (YYYYMMDD)	
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
<b>25-A5. INTERMEDIATE AUTHORITY</b>		a. TO	b. FROM
		c. DATE (YYYYMMDD)	
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:			
e. NAME (Last, First, Middle Initial)		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			





# Eyewitness Statement (For Award Recommendation)

## EYEWITNESS STATEMENT(FOR AWARD RECOMMENDATION)

For use of this form, see AR 600-8-22; the proponent agency is DCS, G-1.

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, USC Section 301, Title 5, USC Section 2951

**PRINCIPAL PURPOSE:** To document first-hand eyewitness statements which accurately depict the actions of an individuals being recommended for an award or decoration, particularly for heroism or valor.

**ROUTINE USES:** The DOD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

**DISCLOSURE:** Disclosure of personally identifiable information is voluntary; however, failure to provide identifying information may delay processing of this application.

1. LAST NAME, FIRST NAME, MIDDLE NAME

2. GRADE/STATUS

3. DATE (YYYY/MM/DD)

4. EMAIL ADDRESS

5. ORGANIZATION OR ADDRESS

6. WHO (PERSON MAKING STATEMENT; POSITION/DUTIES AT THE TIME OF INCIDENT; LOCATION RELATIVE TO INDIVIDUAL BEING RECOMMENDED)

7. WHERE (DESCRIBE WHERE THE EVENT TOOK PLACE TO INCLUDE TERRAIN (COVER AND CONCEALMENT), FIELD OF FIRE

8. WHEN (DATE OF ACTION, DURATION, AND CONDITIONS (DAYLIGHT OR DARK, WEATHER CONDITIONS AT THE TIME)

PAGE 1 OF \_\_\_\_\_ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATE \_\_\_\_\_"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

**USE THIS PAGE IF NEEDED, IF THIS PAGE IS NOT NEEDED, PLEASE FINAL PAGE OF THIS FORM.**

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATE \_\_\_\_\_

9. WHAT (DESCRIBE MISSION/TASK, ENEMY SITUATION, IN DETAIL, DESCRIPTION OF HEROIC OR VALOROUS ACTIONS OF THE SOLDIER DURING THE EVENT)

INITIALS OF PERSON MAKING STATEMENT

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATE \_\_\_\_\_

9. CONTINUATION

I, \_\_\_\_\_, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_\_ I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THIS STATEMENT IS TRUE AND I HAVE READ AND UNDERSTAND THE FALSE OFFICIAL STATEMENT WARNING. I HAVE INITIALED CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT,

\_\_\_\_\_  
*(Signature of Person Making Statement)*

False official statement cautionary warning; under Article 17, Uniform Code of Military Justice (UCMJ, Art. 107). Any person subject to this chapter who, with intent to deceive, signs any false record or other official document, knowing it to be false, or makes any other false official statement knowing it to be false, shall be punished as a court-martia may direct.

Persons subject to the UCMJ who violate the above prohibition are also subject to punishment under UCMJ, Art. 92, Failure to obey an order or regulation, as well as possible adverse administrative action authorized by the United States Code or Federal prosecutions. Any DA Civilian employees who violates the above prohibitions are subject to disciplinary action or criminal prosecution authorized by the United States Code or Federal regulations.

INITIALS OF PERSON MAKING STATEMENT

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES