(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974. USE BLANKET PAS - DD FORM 2005.)

RECEIPT FOR RECORDS AND PATIENTS PROPERTY

DATE

TO: *(Include ZIP Code)*

FROM: *(Include ZIP Code)*

TYPE OF SEPARATION

RECORDS

1. VA FORM 10-10, APPLICATION FOR MEDICAL BENEFITS	8. X-RAY FILM
2. VA FORM 21-526e, VET'S APPL. FOR COMPENSATION OR PENSION AT SEP FROM SVC	9.
3. MEMBER'S STATEMENT RE - VA FORM 21-526e	10.
4. DD FORM 214, REPORT OF SEPARATION FROM AD	11.
5. ORDERS TERMINATING ACTIVE SERVICE	12.
6. CLINICAL RECORDS	13.
7. HEALTH RECORDS	14.

CLOTHING, PERSONAL EQUIPMENT, ETC.

NUMBER	DESCRIPTION	NUMBER	DESCRIPTION	NUMBER	DESCRIPTION
	ANKLETS		HOSE		UNDERSHIRTS
	BAGS, DUFFEL AND BARRACKS		INSIGNIA SETS		
	BELTS		JACKETS		
	BERET		LUGGAGE *(type)*		
	BLOUSE		NECKERCHIEFS		
	BOOTS		NECKTIES		
	BRASSIERES		OVERCOATS		
	BUCKLES		OVERSHOES		
	CAP COVERS		PANTIES		
	CAPS		RAINCOATS		
	COATS		SCARVES		
	DRAWERS, LIGHT AND HEAVY		SHIRTS		
	DRESSES		SHOES		
	FOUNDATION GARMENTS		SHORTS		
	GLOVE INSERTS		SKIRTS		
	GLOVES		SLACKS		
	HANDBAG		SLIPS		
	HANDKERCHIEFS		SUITS		
	HATS		SWEATER		
	HAVELOCK		TROUSERS		

FUNDS - VALUABLES - OTHER PROPERTY

$ CASH. NORMALLY ATTENDANTS WILL NOT BE REQUIRED TO CARRY MORE THAN $10.00 CASH FOR ANY PATIENT.

Records, clothing, and property indicated above for the person named are being forwarded to your custody at this time. Please acknowledge receipt hereon, returning signed copy of this form to address entered above.

FORWARDED BY *(Name, Grade, Title)*

RECEIVED FOR DELIVERY BY *(Name & Grade of Attendant)*

PATIENT'S IDENTIFICATION *(For typed or written entries give - Name - last, first, middle; grade; SSN; hospital or medical facility)*

RECEIVED BY

DATE

FOR *(Name, Title, Address (Include ZIP Code)*

DD Form 675, OCT 74

Adobe Professional 7.0