

Height / Weight Verification Letter

Below portion of the form will be filled out by the requestor

Name (Last, First, MI) : _____

Rank : _____ **MOS** : _____ **EDIPI** : _____

Unit : _____

Billet : _____

Below portion of the form will be filled out by the Battalion / Company Office

Height : _____ **Weight** : _____

Body Fat Percentage : _____ **%** **Verified Date:** _____
(if applicable)

S-3 Verification: ☐

Certified by ** : **CO** **XO** **SGTMAJ** **1STSGT** **SENIOR ENLISTED ADVISOR**

- Appointment letters will be required for individuals acting in the capacity of one of the above billets.

Certifier's Rank/Name : _____

Certifier's Signature : _____

Below portion of the form will be filled out by MCIPAC COMMSTRAT Personnel

Job Order Number: _____ **Uploaded Date:** _____ **Photographer:** _____

* **PRIVACY ACT STATEMENT:** authority for requesting the last four of your social security number is executive order 9397, as amended. The requested information you provide will be used to validate your identity to your photograph. Your disclosure of the requested information is voluntary. However, failure to furnish the requested information will result in your photograph not being submitted to Manpower Management Support Branch and subsequently not posted to your Official Military Personnel File.

**As per MARADMIN 052/19, "Certification by the senior leadership. Example: COL I. M. SMITH, CO, HQBN, HQMC. Certification by the senior leadership of the command is required regardless of rank. Command leadership is CO, XO, Inspector-Instructor, SgtMaj, 1stSgt, or senior enlisted leader (defined as an enlisted Marine serving in a command leadership billet)." This form must be filled out prior to any promotion style photograph, regardless of its end use. Any questions regarding this matter can be referred to the MCIPAC COMMSTRAT OIC or SNCOIC.