



TEXAS MILITARY DEPARTMENT
TEXAS ARMY NATIONAL GUARD
POST OFFICE BOX 5218
AUSTIN, TX 78763-5218
(512) 782-5001

NGTX-RR-OSM

Date

MEMORANDUM FOR RECORD

SUBJECT: Disclosure/Waiver Certification

1. I certify that: (Must be initialed on item that applies below.)

Initials I do not have any adverse information documented in my file with HQDA-Inspector General (DIAG); Criminal Investigation Command (CID), and the Official Military Personnel File (OMPF) including iPERMs restricted folder (i.e., GOMOR, Article 15). This includes all periods of service, including enlisted service, and service from other components.

or

Initials Adverse information has been documented in my military file from calendar year_____; therefore, I have attached a **memorandum for record** explaining the situation along with all **supporting documentation**.

or

Initials I am currently pending an open investigation. I have attached a **memorandum for record** explaining the situation.

2. I certify that I: (Must be initialed on item that applies below.)

Initials Did not require moral or civil conviction waiver for my original commission or any appointment/reappointment.

or

Initials Received an approved moral or civil conviction waiver. I have attached my approved waiver.

3. POC for this memorandum is the undersigned. I can be reached at _____
or by email at _____ for more information. _____
Email address Phone number

2LT, , TXARNG

SSN Last 4



DEPARTMENT OF THE ARMY
TEXAS ARMY NATIONAL GUARD
RECRUITING AND RETENTION COMMAND-TX
2200 W. 35TH ST. BLDG. 15
AUSTIN, TX 78703

NGTX-RR-OSM

(DATE)

MEMORANDUM FOR RECORD

SUBJECT: Statement of Understanding for Military Service Obligation (MSO)

1. Reference AR 135-91, Table 2-1

2. I _____ FULL SSN understand that upon
(First name, middle initial, last name, & SSN)
my acceptance of a commission in the Texas Army National Guard, that I will incur
the following obligation, regardless of any past service that I have.

_____ I incur no further obligation.

_____ I incur a _____ years _____ month obligation.
Initials

X _____
Signature

Typed Name of Officer

Date

CF
Individual Personal File