BIOGRAPHICAL SKETCH FOR THE FIELD ARTILLERY OCS HALL OF FAME

Name : (Last, First, M.I.)	OCS Class - Year / Location:	Rank:	Retirement Date:	DOB:	Date:

Home Address:	Work Address:

Home Telephone:	Cellular:	Fax:	Work Telephone / Ext.:	DSN:	Commercial:

Present Duty Assignment and/or Occupation	E-Mail Address:

Date of Rank by Grade				Awards and Decorations		
Grade	**DOR**	**Grade**	**DOR**			
2LT		COL				
1LT		BG				
CPT		MG				
MAJ		LTG				
LTC		GEN				

Assignment History

From	To	Organization	Station	Duty Title

BIOGRAPHICAL SKETCH FOR THE FIELD ARTILLERY OCS HALL OF FAME (Continued)

Assignment History (Continued)				
From	**To**	**Organization**	**Station**	**Duty Title**

General Remarks