

## INSTALLATION CLEARANCE RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G1

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Section 301, Title 5, USC.  
**PRINCIPAL PURPOSE:** To ensure soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.  
**ROUTINE USES:** To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and DoD sponsored agencies.  
**DISCLOSURE:** Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.

**INSTRUCTIONS TO THE SOLDIER:** This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. It is your responsibility to complete this checklist properly. If you are separating or retiring from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving 55 percent of your final pay pending verification by DFAS of any outstanding debts. Activities marked with an @ require clearance for all soldiers separating or retiring from the Active Army, including AGR personnel. Activities marked with an asterisk (\*) require clearance for soldiers departing on PCS. Activities not marked will be cleared per installation instructions. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed. Provide any additional information in Remarks, block 17.

### SECTION A - PERSONNEL DATA *(To be completed by the commander, S1, processing control station, or appointed official)*

1. NAME	2. RANK	3. ORDERS NO.
4. GAINING UNIT	5. LOSING UNIT	6. DATE OF ORDERS (YYYYMMDD)
7. REASON FOR CLEARING <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER <i>(Specify)</i> _____		8. DEPARTURE DATE (YYYYMMDD)

### SECTION B - INSTALLATION STANDARD CLEARANCES

9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. TYPED NAME	14. TELEPHONE NO.	15. SIGNATURE
a. Personnel Information @*	<input type="checkbox"/>		<input type="checkbox"/>			
b. Personnel Management @*	<input type="checkbox"/>		<input type="checkbox"/>			
c. Medical Facility @*	<input type="checkbox"/>		<input type="checkbox"/>			
d. TRICARE Service Center Health Benefits Advisor or Medical Element Equivalent @*	<input type="checkbox"/>		<input type="checkbox"/>			
e. Dental Facility @*	<input type="checkbox"/>		<input type="checkbox"/>			
f. DEERS/RAPIDS/ID Cards and Tags @*	<input type="checkbox"/>		<input type="checkbox"/>			
g. Transportation Office @*	<input type="checkbox"/>		<input type="checkbox"/>			
h. Central Issue Facility @*	<input type="checkbox"/>		<input type="checkbox"/>			
i. Education Center @*	<input type="checkbox"/>		<input type="checkbox"/>			
j. Army Emergency Relief @*	<input type="checkbox"/>		<input type="checkbox"/>			
k. Post Exchange @	<input type="checkbox"/>		<input type="checkbox"/>			

**SECTION B - INSTALLATION STANDARD CLEARANCES (Continued)**

9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. TYPED NAME	14. TELEPHONE NO.	15. SIGNATURE
l. Security Office *	<input type="checkbox"/>		<input type="checkbox"/>			
m. Provost Marshal	<input type="checkbox"/>		<input type="checkbox"/>			
n. Housing Office	<input type="checkbox"/>		<input type="checkbox"/>			
o. Army Community Services Center	<input type="checkbox"/>		<input type="checkbox"/>			
p. Commercial Activities	<input type="checkbox"/>		<input type="checkbox"/>			
q. Morale, Welfare, and Recreation Fund Manager	<input type="checkbox"/>		<input type="checkbox"/>			
r. Training Aids Center	<input type="checkbox"/>		<input type="checkbox"/>			
s. Commissary	<input type="checkbox"/>		<input type="checkbox"/>			
t. Child and Youth Services/School Liaison Officer	<input type="checkbox"/>		<input type="checkbox"/>			
u. Reserve Component Career Counselor	<input type="checkbox"/>		<input type="checkbox"/>			
v. Lodging Office	<input type="checkbox"/>		<input type="checkbox"/>			
w. Has the soldier completed ACAP processing? @	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			
	<input type="checkbox"/>		<input type="checkbox"/>			

16. REMARKS:

**SECTION C - MILITARY PAY PROCESSING**

**17. MILITARY PAY CLEARANCES**

a. MILITARY PAY OFFICE	b. TYPED NAME	c. TELEPHONE NO	d. SIGNATURE	e. DATE (YYYYMMDD)
(1) Travel Pay Processing @*				
(2) Separation Pay Processing @				
(3) Debt Processing @				

**SECTION D - PROCESSING CONTROL STATION**

18a. Does the soldier have a signed, authenticated, and dated Service Member Deployment History Out-processing Verification form? @* YES <input type="checkbox"/> NO <input type="checkbox"/>	b. TYPED NAME	c. TELEPHONE NO.	d. SIGNATURE	e. DATE (YYYYMMDD)
19. Has the soldier completed out-processing? @ * YES <input type="checkbox"/> NO <input type="checkbox"/>	a. TYPED NAME	b. TELEPHONE NO.	c. SIGNATURE	d. DATE (YYYYMMDD)