



PHILLIPS UNIVERSITY MILITARY SERVICE REGISTRY

NAME _____ CLASS YEARS _____

ADDRESS _____

CITY, STATE, ZIP _____

CLUB(S) _____

OTHER STUDENT ACTIVITIES _____

OCCUPATION OTHER THAN MILITARY _____

BRANCH OF SERVICE _____

SERVICE PERIOD _____ RANK AT END OF SERVICE _____

LIST ASSIGNMENTS (FORTS, BASES, PORTS, SHIPS, AIRWINGS, ETC. PERTAINING TO YOUR BRANCH)

BRIEFLY DESCRIBE YOUR MILITARY RESPONSIBILITIES:

OVERSEAS SERVICE AND/OR COMBAT SERVICE:

AWARDS/COMMENDATIONS:

DATE OF CASUALTY/DEATH (IF APPLICABLE) _____

POW/MIA NO YES (IF YES, PLEASE PROVIDE DETAILS, IF DESIRED)

COMMENTS, ANECDOTES, THOUGHTS, ETC. (HOW DID YOUR ATTENDANCE AT PHILLIPS UNIVERSITY AFFECT YOUR MILITARY SERVICE OR VICE VERSA? WAS THERE A SPECIAL EVENT THAT YOU WOULD LIKE TO SHARE? IF NECESSARY, PLEASE ATTACH ANOTHER PAGE.)

IF YOU ARE SUPPLYING INFORMATION FOR SOMEONE OTHER THAN YOURSELF,
PLEASE LIST YOUR NAME, RELATIONSHIP, ADDRESS, AND PHONE

PLEASE SEND THIS COMPLETED FORM AND YOUR PICTURE (IF DESIRED) TO:
PUAFA
P.O. BOX 331
ENID, OK 73702