Height / Weight Verification Letter

Name (Last, First MI): _____

Rank: _____

MOS: _____

Full SSN: _____

Height: _____

Weight: _____

Body Fat %: _____ (ONLY IF REQUIRED)

Billet: _____

Unit: _____

Date: _____

Verified By (cicrcle one): 1stSgt / SgtMaj / XO / CO

Verifiers Signature: _____

Verifiers Printed Name: _____

Per Maradmin 0003/09 "CERTIFICATION BY THE SENIOR LEADERSHIP (CO/XO/1STSGT/SGTMAJ) OF THE COMMAND IS REQUIRED REGARDLESS OF RANK AND BODY FAT PERCENTAGE."

For an appointment, please contact:

Lance Cpl. Alfred Dover : 817-782-6779

8th Marine Corps District