

United States Army Infantry School Waiver Form

1. Unit Letter Head: (Unit Name): _____
(Street Address): _____
(City, State, Zip): _____

2. Type of Waiver:

3. Course: _____

4. Course Number and Date: _____

5. Date of waiver submission (Month/Day/Year): _____

6-9 pertains to the Soldier that is in need of the Waiver:

6a. Rank: _____ 6b. AOC/MOS: _____

7. Name (Last, First, MI): _____

8. Last 4 of SSN: _____

9. Justification for Waiver (Why does the Soldier need a waiver):

10. Point of Contact for waiver request (Name, Phone number and Email):

11. Signature block of 1st O5 (LTC) or higher in Soldier's Chain of Command:
(Can be digitally or hand signed)

Signature: _____

Last Name, First Name, MI: _____

Rank, Branch: _____

Title/Position: _____