

Cadet Request and Transaction Form

To be completed in full, and returned to the Squadron Office for consideration and review



534 Air Cadets

Personal Information:

Last Name	First Name	Rank	Flight	Date

Request Type (Select one):

Supply	Training	Admin	Promotion	Transfer	Leave
Band	Flag Party	Drill Team	Range	Redress	Other

Description of Request:

Reason(s) for Request:

Cadet Signature _____

Contact Email _____

OFFICE USE ONLY

Approved

Not Approved

Reason(s) for Decision:

Reviewing Officer:

Name _____ Rank _____ Signature _____ Date _____