DEPARTMENT OF DEFENSE EDUCATION ACTIVITY AMERICAS
MID-ATLANTIC DISTRICT
FORT BRAGG/CUBA COMMUNITY
4474 BASTOGNE DRIVE, BLDG. B-5356
FORT BRAGG, N.C. 283

(910) 907-0200

ACCELERATED WITHDRAWAL REQUEST FORM

12 May 2021

TO: School Principal

THRU: Community Superintendent, Fort Bragg NC / Cuba

FROM: _____
Title(Rank)-Sponsor

Our family has received PCS orders. I am respectfully requesting an Accelerated Withdrawal for my child (ren) effective_____ (date). I have attached a copy of my PCS orders to document my request. Our new address will be as follows:

Current Address	New Address	
Street:	Street:	
City, State, Zip:	City, State, Zip:	
Home Phone:		
Duty Phone:		
Cell Phone:		
Student's Name	Grade:	School:
Student's Name	Grade:	School:
Student's Name	Grade:	School:

Thank you for your consideration of my request.

_____ _____
Parent Signature Date

Approved/Disapproved _____
(Principal)

Approved/Disapproved _____

(Community Superintendent)