

Height/Weight Verification Letter

Name (Last, First, MI): _____

Rank: _____

Full SSN: _____

Date Photo Was Taken: _____

Height: _____

Weight: _____

Body Fat%: _____ (ONLY IF REQUIRED)

Verified By (circle 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."

MCB Camp Pendleton Combat Camera
POC: Production Studio: 760-725-9380
Photo Chief: 760-763-7067
Operations Chief: 760-725-6182
SNCOIC: 760-763-1932
Fax: 760-725-6400