



DEPARTMENT OF THE ARMY
DIRECTORATE OF FAMILY AND MORALE, WELFARE AND RECREATION
2601 INDIANA AVE.
FORT CAMPBELL, KY 42223

IMCB-MWC

Dear School Liaison Officer (SLO),

The _____ family will transition from Fort Campbell to _____, with a report date of _____.

During out-processing, they expressed interest to receive additional school transitional support, and connection to a SLO at their next duty station. Please connect with them at your earliest convenience.

FAMILY INFORMATION:

Sponsor Name and Rank: _____

Spouse Name: _____

Email: _____ Telephone: _____

Dependent children (ages infant to 18):

Name _____, Age __, Grade __, Current School _____

Name _____, Age __, Grade __, Current School _____

Name _____, Age __, Grade __, Current School _____

Name _____, Age __, Grade __, Current School _____

Name _____, Age __, Grade __, Current School _____

Registered with CYS Services- YES or NO

For additional information please call or email:

270-798-9874

melissa.f.silva.naf@mail.mil and tayranett.johnson-williams.naf@mail.mil

Thank you,

Melissa Silva
School Liaison Officer
Family and Morale, Welfare and Recreation
Fort Campbell, KY

Tayranette Johnson-Williams
School Liaison Officer
Family and Morale, Welfare and Recreation
Fort Campbell, KY

