RECOMMENDATION/REQUEST
DECORATIONS OR AWARDS

Unit _____ Date_____

THRU: Unit Action:	THRU: Unit Action:
TO: Headquarters, SCSG G-1 Olympia armory, 551 Granby Lane Columbia SC 29201	
Type of Decoration * or Award **	

LAST NAME, FIRST, MIDDLE	SCSG ID #	GRADE	QUALIFYING PERIOD

* Attach Narrative, Citation
** Commendation Medal, Individual Achievement &
Unit Awards, attach Citation
(SCSG Reg 672-1 for instructions)
SCSG Form 58 dated 15 Sept 2000

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