

USNA BRIEFING SHEET

	ROUTING		
	ORDER	INITIALS	DATE
Chief of Staff	___	___	___
Executive Director for Strategy	___	___	___
Flag Secretary	___	___	___
CMDCM	___	___	___
Director of Protocol	___	___	___
Speech Writer	___	___	___
Flag Supply	___	___	___
Flag Aide	___	___	___
Flag Writer	___	___	___
SJA	___	___	___
OGC	___	___	___
Administrative Officer	___	___	___
Director, Special Events	___	___	___
Diversity Office	___	___	___
PAO	___	___	___
SAPR PM	___	___	___
Personnel Officer	___	___	___
Command Evaluation	___	___	___
Alumni Hall Manager	___	___	___
Director, Institutional Research	___	___	___
Architect of the Naval Academy	___	___	___
Command Climate Specialist	___	___	___
Commandant of Midshipmen	___	___	___
Deputy Commandant	___	___	___
Dep. Dant, Professional Dev	___	___	___
Dep. Dant, Leadership Ed & Dev	___	___	___
Senior Chaplain	___	___	___
Midshipman Supply Officer	___	___	___
Brigade Ops	___	___	___
Music Director	___	___	___
Provost	___	___	___
Vice Provost	___	___	___
Assoc. Provost, Fin. & Mil. Affairs	___	___	___
Cuuqel®Rtqxqv.®Cecfg oke®Chhcktu®	___	___	___
Assoc. Provost, Planning & Assess.	___	___	___
Dean of Research	___	___	___
Dir., International Programs Office	___	___	___
Dean, School of E&W	___	___	___
Dean, School of HUMSS	___	___	___
Dean, School of M&S	___	___	___
Dean, Library	___	___	___
Registrar	___	___	___
Director, USNA Museum	___	___	___
Director, Physical Education	___	___	___
Center for Regional Studies	___	___	___
Center for Cyber Security Studies	___	___	___
Director, STEM Center	___	___	___
Deputy for Finance & CFO	___	___	___
Comptroller	___	___	___
Dir., USNA Business Services Div.	___	___	___
Dir., Human Resources Division	___	___	___
Dir of Athletics	___	___	___
Dean of Admissions	___	___	___
Director of Admissions	___	___	___
Nominations & Appointments	___	___	___
Candidate Guidance Officer	___	___	___
Dir., VADM James B. Stockdale	___	___	___
Center for Ethical Leadership	___	___	___
Deputy for IT and CIO	___	___	___
CO Naval Support Activity	___	___	___
CO Naval Health Clinic	___	___	___
Public Works Officer	___	___	___

1. NAME & PHONE NUMBER OF ORIGINATOR:		2. ADDRESSEE(S):
3. OFFICE:	4. SSIC:	
5. SUBJECT:		
6. BRIEFING (Provide background, discussion, and recommendation):		
Reference USNAINST 5216.1(series) for additional instructions		

Originating Office	Date