

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| | | | | | | | |
|--|--|-------------------------------------|---|--|----|---------|----------|
| 1. NAME (Last, First, Middle) | | 2. DEPARTMENT, COMPONENT AND BRANCH | | 3. SOCIAL SECURITY NO. | | | |
| 4.a. GRADE, RATE OR RANK | | 4.b. PAY GRADE | | 5. DATE OF BIRTH (YYMMDD) | | | |
| | | | | 6. RESERVE OBLIG. TERM. DATE | | | |
| | | | | Year Month Day | | | |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY | | | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) | | | | |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | | | 8.b. STATION WHERE SEPARATED | | | | |
| 9. COMMAND TO WHICH TRANSFERRED | | | | 10. SGLI COVERAGE <input type="checkbox"/> None | | | |
| | | | | Amount: \$ | | | |
| 11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) | | | 12. RECORD OF SERVICE | | | | |
| | | | a. Date Entered AD This Period | | | Year(s) | Month(s) |
| | | | b. Separation Date This Period | | | | Day(s) |
| | | | c. Net Active Service This Period | | | | |
| | | | d. Total Prior Active Service | | | | |
| | | | e. Total Prior Inactive Service | | | | |
| | | | f. Foreign Service | | | | |
| | | | g. Sea Service | | | | |
| | | | h. Effective Date of Pay Grade | | | | |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) | | | | | | | |
| 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) | | | | | | | |
| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | | Yes | No | 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT | | | |
| | | | | Yes | No | | |
| 16. DAYS ACCRUED LEAVE PAID | | | | | | | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION | | | | | | | |
| Yes No | | | | | | | |
| 18. REMARKS | | | | | | | |
| | | | | | | | |
| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) | | | 19.b. NEAREST RELATIVE (Name and address - include Zip Code) | | | | |
| | | | | | | | |
| 20. MEMBER REQUESTS COPY B BE SENT TO: DIR. OF VET AFFAIRS | | Yes | No | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) | | | |
| | | | | | | | |
| 21. SIGNATURE OF MEMBER BEING SEPARATED | | | | | | | |
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