

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

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|--|----------------|---|--|--|----------|--------|
| 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 Amount: \$ <input type="checkbox"/> None | | | | |
| 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) | Day(s) |
| | | b. Separation Date This Period | | | | |
| | | 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 | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION | | | | Yes | No | |
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| 18. REMARKS | | | | | | |
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| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) | | | 19.b. NEAREST RELATIVE (Name and address - include Zip Code) | | | |
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| 20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS | | Yes | No | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) | | |
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| 21. SIGNATURE OF MEMBER BEING SEPARATED | | | | | | |
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| SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) | | | | | | |
| 23. TYPE OF SEPARATION | | | 24. CHARACTER OF SERVICE (Include upgrades) | | | |
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| 26. NARRATIVE REASON FOR SEPARATION | | | | | | |
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| 29. DATES OF TIME LOST DURING THIS PERIOD | | | | 30. MEMBER REQUESTS COPY 4 initials | | |
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