

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

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

### SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

<b>23. TYPE OF SEPARATION</b>	<b>24. CHARACTER OF SERVICE (include upgrades)</b>
<b>28. NARRATIVE REASON FOR SEPARATION</b>	
<b>29. DATES OF TIME LOST DURING THIS PERIOD</b>	<b>30. MEMBER REQUESTS COPY 4</b> <input type="checkbox"/> initials