

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE		5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)		
7a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			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	2013	08	01
		b. SEPARATION DATE THIS PERIOD	2014	03	31
		c. NET ACTIVE SERVICE THIS PERIOD	0000	07	30
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)			
AFGHANISTAN CAMPAIGN MEDAL // IRAQ CAMPAIGN MEDAL // GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL // KOSOVO CAMPAIGN MEDAL		COMBAT MEDIC TRAINING, 16 WEEKS, 2013/ /NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY				YES	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)				YES	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, date of commitment)				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					
BASIC COMBAT TRAINING, 9 WEEKS, 2013/ /NOTHING FOLLOWS					
Does not qualify individual for Veteran status					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) OFFICE OF VETERANS AFFAIRS					
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				YES	NO
21.a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)		b. DATE (YYYYMMDD)

Army, Marine Corps, Navy, Air Force. RA or AD (Active Duty), ANG/ARNG (National Guard), RC (Reserves)

Must be at least 180 days with one day of service during a period of war OR must have an expeditionary/campaign medal to qualify for Veteran status.

Does not qualify individual for Veteran status

23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (include upgraded)	
Should state "Expiration of Term of Service", "Retirement", "Release from active & transferred to reserve" or something similar		Must be anything BUT "DISHONORABLE", text should align to the left of the box	
28. NARRATIVE REASON FOR SEPARATION			
Should state "Completion of Required Active Service", "Transfer to Reserve Component" or something similar			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)			30. MEMBER REQUESTS COPY 4 (Initials)