

NATIONAL GUARD REPORT OF SEPARATION AND RECORD OF SERVICE

The proponent agency is ARNG-HRH. The prescribing directive is NGR 600-200.

Report of separation and record of service in the **Army** National Guard of **Must be: North Dakota** and as a Reserve of the

1. LAST NAME- FIRST NAME- MIDDLE NAME Veteran, Name Here		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER		
4. DATE OF ENLISTMENT/APPOINTMENT	5a. RANK	5b. PAY GRADE	6. DATE OF RANK	7. DATE OF BIRTH		
8a. STATION OR INSTALLATION AT WHICH EFFECTED				8b. EFFECTIVE DATE		
9. COMMAND TO WHICH TRANSFERRED		10. RECORD OF SERVICE		YEARS	MONTHS	DAYS
		(a) NET SERVICE THIS PERIOD		20		
		(b) PRIOR RESERVE COMPONENT SERVICE				
		(c) PRIOR ACTIVE FEDERAL SERVICE				
		(d) TOTAL SERVICE FOR PAY				
11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION		(e) TOTAL SERVICE FOR RETIRED PAY		20		
12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed)		13. PRIMARY SPECIALTY NUMBER, TITLE AND DATE AWARDED (Additional specialty numbers and titles)				
14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED SECONDARY/HIGH SCHOOL YRS (Gr 1-12) COLLEGE YRS		15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD (State Awards may be included) Minimum of 20 years in box 10 or a combat service medal here.				
16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO AMT						
17. PERSONNEL SECURITY INVESTIGATION a. TYPE b. INVESTIGATION						
18. REMARKS						
19. MAILING ADDRESS AFTER SPERATION (Street, City, County, State, and Zip Code)			20. SIGNATURE OF PERSON BEING SEPERATED			
21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER			22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			
23. AUTHORITY AND REASON						
24. CHARACTER OF SERVICE Must be: HONORABLE		25. TYPE OF CERTIFICATE USED		26. REENLISTMENT ELIGIBLTY		
27. <input type="checkbox"/> REQUEST		<input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22		INITIALS _____		