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

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 OR RANK	b. PAY GRADE	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 ☐ 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	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. INITIAL ENTRY TRAINING			
i. 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)*

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, year 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

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		YES		NO
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)*

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

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE *(Include upgrades)*	
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION		
29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*		30. MEMBER REQUESTS COPY 4 *(Initials)*

DD FORM 214, AUG 2009 PREVIOUS EDITION IS OBSOLETE. **SERVICE - 7**

SAMPLE