

NAME (Last, First, Middle) : _____

Date of Birth (MM/DD/YYYY): _____ Unit : _____

SEPARATION INFORMATION

Separation Unit : _____ Separation Rank : _____

Separation Type :

____ Bad Conduct ____ Dishonorable ____ Honorable ____ Medical ____ General

Reason for Separation : _____

Unit Officer Comments on Separation (if any):

Effective Separation Date : _____

I, the undersigned, do hereby certify that the above is true in as far as I am aware.

Soldier's Signature : _____ Date : _____

Unit Officer's Signature : _____ Date : _____