

Must show service member's full name

Must indicate USMC or USN

ED FOR ES T 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) [REDACTED] 2. DEPARTMENT, COMPONENT AND BRANCH USMCR-C7 3. SOCIAL SECURITY NUMBER [REDACTED]

4a. GRADE, RATE OR RANK GYSGT b. PAY GRADE E7 5. DATE OF BIRTH (YYYYMMDD) [REDACTED] 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) [REDACTED]

7a. PLACE OF ENTRY INTO ACTIVE DUTY [REDACTED] b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND [REDACTED] b. STATION WHERE SEPARATED [REDACTED]

9. COMMAND TO WHICH TRANSFERRED [REDACTED] 10. SGLI COVERAGE NONE AMOUNT: \$ 400,000

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.)
0111, ADMINISTRATIVE SPECIALIST, 00 YEARS, 05 MONTHS

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 GRADE			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
SHARPSHOOTER RIFLE QUALIFICATION BADGE, SHARPSHOOTER PISTOL QUALIFICATION BADGE

14. MILITARY EMPLOYMENT (Specify course title, number of weeks, and month and year)
NONE

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, years of commitment:) YES NO

16. DAYS ACCRUED LEAVE PAID 13.0 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION YES NO

18. REMARKS [REDACTED]

The information contained here in 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) [REDACTED] b. NEAREST RELATIVE (Name and address - include Zip Code) [REDACTED]

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) CA 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

21a. MEMBER SIGNATURE [REDACTED] b. DATE [REDACTED] 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) [REDACTED] b. DATE [REDACTED]

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASED FROM ACTIVE DUTY 24. CHARACTER OF SERVICE (Include upgrades) HONORABLE

25. SEPARATION AUTHORITY MARCORSEPMAN 1005 26. SEPARATION CODE MBK3 27. REENTRY CODE RE-1A

28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE 30. MEMBER REQUESTS COPY 4 [REDACTED]

Must show service entry and exit date

Must show character of service