

Must show service member's full name

Must indicate USMC or USN

ANY ALTERATIONS IN SHADED AREAS  
RENDER FORM VOID

CERTIFICATE OF RELEASE AND DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) [REDACTED]		2. DEPARTMENT, COMPONENT AND BRANCH USMC - 11		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK SGT	b. PAY GRADE E-5	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 AMOUNT [REDACTED]		NONE
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.) 3531 - Motor Vehicle Operator 03 Years 07 Months			12. RECORD OF SERVICE		
			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. EFFECTIVE DATE OF PAY GRANT					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Marine Corps Good Conduct Medal, Letter of Appreciation(2), Rifle Expert Badge(2nd Award)			14. MILITARY EDUCATION (List title, number of weeks, and month and year completed) (M92) M (35Z) Tr (35X) M		
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
b. HIGH SCHOOL GRADUATE OR EQUIVALENT			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
16. DAYS ACCRUED LEAVE PAID 10.5RLB		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18. REMARKS  SNM completed Transition Assistance Program:2001 07 12 SNM contributed \$1200.00 to MGIB Good Conduct Medal period commences: 2000 0916 Doc control number: 000149  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) [REDACTED]			b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]		
20. MEMBER REQUESTS COPY 6 BE SENT TO NC			DIRECTOR OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
[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 Par1005			26. SEPARATION CODE MBK1		27. REENTRY CODE RE-1A
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)					30. MEMBER REQUESTS COPY 4

Must show service entry and exit date

Must show character of service