REQUEST FOR DD 214

ATTACH NGB 23—HAVE VERIFIED BEFORE COMPLETION OF THIS PACKET. CORRECTIONS MUST BE DONE PRIOR TO PACKET SUBMISSION—ATTACH ALL ORDERS AND AMENDMENTS.

NAME: _____ SSN: _____
RANK/GRADE: _____ DATE OF BIRTH: _____ RACE: _____
CITIZENSHIP STATUS:

A. NATIVE BORN **B. DERIVATIVE – NATURALIZATION**
C. DERVATIVE-BIRTH **D. NATURATIZATION**
Y. NOT APPLICABLE **Z. UNKNOWN**

RESERVE OBLIGATION TERMINATION DATE: _____
PLACE OF ENTRY INTO ACTIVE DUTY-TOWN: _____
HOME OF RECORD AT TIME OF ENTRY: _____
LAST DUTY ASSIGNMENT UIC: W_____
STATION WHERE SEPARATED: _____
COMMAND TO WHICH TRANSFERRED UNIT & ADDRESS:
_____

PRIMARY SPECIALTY NUMBER _____ DAYS ACCURED LEAVE PAID: _____
COMMISSIONED THROUGH SERVICE ACADEMY: YES OR NO
COMMISSIONED THROUGH ROTC SCHOLARSHIP: YES OR NO
ENLISTED UNDER LOAN REPAYMENT PROGRAM: YES OR NO
MAILING ADDRESS AFTER SEPARATION:
_____ ___

NEAREST RELATIVE (NAME & ADDRESS): _____
_____

BASD: _____ PEBD: _____

	YEAR	MO	DAY
Date Entered Active Duty This Period:			
Separation Date This Period:			
Effective Date of Pay Grade			

AWARDS

SCHOOLS THIS PERIOD