

Name must be as it appears on the VPP Claim Form

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

| | | | | | |
|--|----------------|---|--|---|--|
| 1. NAME (Last, First, Middle) | | 2. DEPARTMENT, COMPONENT AND BRANCH | | 3. SOCIAL SECURITY NO. | |
| 4.a. GRADE, RATE OR RANK | 4.b. PAY GRADE | 5. DATE OF BIRTH (YYMMDD) | | 6. RESERVE OBLIG. TERM. DATE | |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY | | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) | | | |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | | 8.b. STATION WHERE SEPARATED | | | |
| 9. COMMAND TO WHICH TRANSFERRED | | | | 10. SGLI COVERAGE <input type="checkbox"/> 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) |
| | | 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 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) | | | | | |
| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | | Yes | No | 16. DAYS ACCRUED LEAVE PAID | |
| | | | | | |
| 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT | | Yes | No | | |
| | | | | | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION | | | | Yes | No |
| 18. REMARKS | | | | | |
| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) | | | 19.b. NEAREST RELATIVE (Name and address - include Zip Code) | | |
| 20. MEMBER REQUESTS COPY 6 BE SENT TO | | DIR. OF VET. AFFAIRS | Yes | No | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) |
| | | | | | |
| 21. SIGNATURE OF MEMBER BEING SEPARATED | | | | | |

| | | | | | |
|--|--|---|--|----------------------------|--|
| 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 | | | | 30. MEMBER REQUESTS COPY 4 | |
| | | | | Initials | |

Must clearly indicate Retirement or Disability (temporary or permanent)

Name must be as it appears on the VPP Claim Form

Attachment C

| NATIONAL GUARD REPORT OF SEPARATION AND RECORD OF SERVICE <small>The proponent agency is NGB-ARH. The prescribing directive is NGR 800-200.</small> | | | | | | | | |
|---|--|-------------------------------------|---|---|--------------------|------------------|--------|------|
| Report of separation and record of service in the | | National Guard of | | and as a Reserve of the | | | | |
| 1. LAST NAME- FIRST NAME- MIDDLE NAME | | 2. DEPARTMENT, COMPONENT AND BRANCH | | 3. SOCIAL SECURITY NUMBER | | | | |
| 4. DATE OF ENLISTMENT | | 5a. RANK | 5b. PAY GRADE | 6. DATE OF RANK | | 7. DATE OF BIRTH | | |
| 8a. STATION OR INSTALLATION AT WHICH EFFECTED | | | | | 8b. EFFECTIVE DATE | | | |
| 9. COMMAND TO WHICH TRANSFERRED | | | 10. RECORD OF SERVICE | | | YEARS | MONTHS | DAYS |
| | | | (a) NET SERVICE THIS PERIOD | | | | | |
| | | | (b) PRIOR RESERVE COMPONENT SERVICE | | | | | |
| | | | (c) PRIOR ACTIVE FEDERAL SERVICE | | | | | |
| | | | (d) TOTAL SERVICE FOR PAY | | | | | |
| 11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION | | | (e) TOTAL SERVICE FOR RETIRED PAY | | | | | |
| 12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed) | | | 13. PRIMARY SPECIALTY NUMBER, TITLE AND DATE AWARDED <small>(Additional specialty numbers and titles)</small> | | | | | |
| 14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED | | | 15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD <small>(State Awards may be included)</small> | | | | | |
| SECONDARY/HIGH SCHOOL | | YRS (Gr 1-12) | | | | | | |
| COLLEGE | | YRS | | | | | | |
| 16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE | | | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO AMT | | | | | | | | |
| 17. PERSONNEL SECURITY INVESTIGATION | | | | | | | | |
| a. TYPE | | b. INVESTIGATION | | | | | | |
| 18. REMARKS | | | | | | | | |
| 19. MAILING ADDRESS AFTER SEPERATION (Street, City, County, State, and Zip Code) | | | | 20. SIGNATURE OF PERSON BEING SEPERATED | | | | |
| 21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER | | | | 22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN | | | | |
| 23. AUTHORITY AND REASON | | | | | | | | |
| 24. CHARACTER OF SERVICE | | | | | | | | |
| 25. TYPE OF CERTIFICATE USED | | 26. REENLISTMENT ELIGIBILITY | | | | | | |
| 27. <input type="checkbox"/> REQUEST <input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22 INITIALS _____ | | | | | | | | |

NGB FORM 22, 20091101

(USE PREVIOUS EDITIONS UNTIL EXHAUSTED)

Must clearly indicate Retirement or Disability (temporary or permanent)