Department of Defense

INSTRUCTION

NUMBER 1336.1

January 6, 1989

Administrative Reissuance Incorporating Through Change 2, July 19, 2002

ASD(F&P)

SUBJECT: Certificate of Release or Discharge from Active Duty (DD Form 214/5 Series)

References: (a) DoD Instruction 1336.1, "Certificate of Release or Discharge from Active Duty (DD Form 214 Series)," December 14, 1978 (hereby canceled)

(b) Deputy Assistant Secretary of Defense (Manpower and Reserve Affairs) Memorandum, "Discontinuation of the Use of Certain Information of Separation Documents Issued to Individuals," March 27, 1974 (hereby canceled)

(c) Deputy Assistant Secretary of Defense (Manpower and Reserve Affairs) Memorandum, "Discontinuation of the Use of Certain Information on Separation Documents Issued to Individuals," May 13, 1974 (hereby canceled)

(d) through (1) see enclosure 5

1. REISSUANCE AND PURPOSE

1.1. Reissues reference (a) to consolidate into a single document pertinent portions of reference (b), (c), (d), and (e); and

1.2. Prescribes procedures concerning the preparation and distribution of revised DD Form 214 to comport with the requirements of references (e) and (f) and the control and publication of separation program designators (SPDs).

2. APPLICABILITY AND SCOPE

2.1. The provisions of this Instruction apply to the Office of the Secretary of Defense, the Military Services, the Joint Staff, and the Defense Agencies (hereafter referred to as "DoD Components"). The term "Military Services," as used here, refers to the Army, Navy, the Air Force, the Marine Corps and, by agreement with the Department of Transportation, to the Coast Guard.

2.2. Its provisions include procedures on the preparation and distribution of DD Forms 214, 214-ws, and 215 (enclosures 1, 2, and 3) which record and report the transfer or separation of military personnel from a period of active duty. (NOTE: Computer-generated formats are acceptable substitutes provided Assistant Secretary of Defense (Force Management and Personnel) approval is obtained.) DD Forms 214 and 215 (or their substitutes) will provide:

2.2.1. The Military Services with a source of information relating to military personnel for administrative purposes, and for making determinations of eligibility for enlistment or reenlistment.

2.2.2. The Service member with a brief, clear-cut record of the member's active service with the Armed Forces at the time of transfer, release, or discharge, or when the member changes status or component while on active duty.

2.2.3. Appropriate governmental agencies with an authoritative source of information which they require in the administration of Federal and State laws applying to personnel who have been discharged, otherwise released, or transferred to a Reserve component while on active duty.

2.3. Its provisions include procedures on the control and distribution of all lists of SPDs.

3. POLICY AND PROCEDURES

3.1. Administrative Issuance or Reissuance of DD Forms 214 and 215.

3.1.1. The DD Form 214 will normally be issued by the command from which the member was separated. In those instances where a DD Form 214 was not issued, the Services concerned may establish procedures for administrative issuance.

3.1.2. The DD Form 214, once issued, will not be reissued except:

3.1.2.1. When directed by appropriate appellate authority, Executive Order, or by the Secretary concerned.

3.1.2.2. When it is determined by the Service concerned that the original DD Form 214 cannot be properly corrected by issuance of a DD Form 215 or if the correction would require issuance of more than two DD Forms 215.

3.1.2.3. When two DD Forms 215 have been issued and an additional correction is required.

3.1.3. Whenever a DD Form 214 is administratively issued or reissued, an appropriate entry stating that fact and the date of such action will be made in Block 18, Remarks, of the DD Form 214 unless the appellate authority, Executive Order, or Secretarial directive specifies otherwise.

3.2. The Military Services will ensure that every member (except as limited in 3.2.2., and excluding those listed in 3.3.) being separated from the Military Services is given a completed DD Form 214 describing relevant data regarding the member's service, and the circumstances of termination. DD Form 214 may also be issued under other circumstances prescribed by the Military Service concerned. A continuation sheet, if required, will be bond paper, and will reference: the DD Form 214 being continued; information from blocks 1 through 4; the appropriate block(s) being continued; the member's signature, date; and the authorizing official's signature. DD Forms 214 are not intended to have any legal effect on termination of the member's service.

3.2.1. <u>Release or Discharge from Active Service</u>.

3.2.1.1. The original of DD Form 214 showing separation from a period of active service with a Military Service, including release from a status that is legally determined to be void, will be physically delivered to the separatee prior to departure from the separation activity (a) on the effective date of separation; or (b) on the date authorized travel time commences.

3.2.1.1.1. Copy No. 4, containing the statutory or regulatory authority, reentry code, SPD code, and narrative reason for separation also will be physically delivered to the separatee prior to departure, if he/she so requested by initialing Block 30, Member Requests Copy 4.

3.2.1.1.2. Remaining copies of DD Form 214 will be distributed on the day following the effective date of separation (see 3.5.).

3.2.1.2. When separation is effected under emergency conditions which preclude physical delivery, or when the recipient departs in advance of normal departure time (e.g., on leave in conjunction with retirement; or at home awaiting separation for disability), the original DD Form 214 will be mailed to the recipient on the effective date of separation.

3.2.1.3. If the separation activity is unable to complete all items on the DD Form 214, the form will be prepared as completely as possible and delivered to the separatee. The separatee will be advised (a) that a DD Form 215 will be issued by the Military Service concerned when the missing information becomes available; and (b) that it will not be necessary for the separatee to request a DD Form 215 for such information (see 3.5.3.).

3.2.1.4. If an optical character recognition format is utilized by a Military Service, the first carbon copy of the document will be physically delivered or mailed to the separatee as prescribed in paragraphs 3.2.1.1., 3.2.1.2., and 3.2.1.3. of this section.

3.2.2. Release for Active Duty Training, Full-Time Training Duty, or Active Duty for Special Work. Personnel being separated from a period of active duty for training, full-time training duty, or active duty for special work will be furnished a DD Form 214 when they have served 90 days or more, or when required by the Secretary concerned for shorter periods. Personnel shall be furnished a DD Form 214 upon separation for cause or for physical disability regardless of the length of time served on active duty.

3.2.3. Continuing on Active Duty. Members who change their status or component, as outlined below, while they are serving on active duty will be provided a completed DD Form 214 upon:

3.2.3.1. Discharge for immediate enlistment or reenlistment (optional--at the discretion of the Military Services). However, Military Services not providing the DD Form 214 will furnish the member a DD Form 256, "Honorable Discharge Certificate," and will issue instructions requiring those military offices which maintain a member's records to provide necessary Service data to the member for application to appropriate civilian individuals, groups, and governmental agencies. Such data will include Service component, entry data and grades. (See paragraph 3.4.10.)

3.2.3.2. Termination of enlisted status to accept an appointment to warrant or commissioned officer grade.

3.2.3.3. Termination of a temporary appointment to accept a permanent warrant or commission in the Regular or Reserve components of the Armed Forces.

3.2.3.4. Termination of an officer appointment in one of the Military Services to accept appointment in another Service.

3.3. DD Form 214 need not be prepared for:

3.3.1. Personnel found disqualified upon reporting for active duty and who do not enter actively upon duties in accordance with orders.

3.3.2. Personnel whose active duty, active duty for training, full-time training duty or active duty for special work is terminated by death.

3.3.3. Personnel being removed from the Temporary Disability Retired List.

3.3.4. Enlisted personnel receiving temporary appointments to warrant or commissioned officer grades.

3.3.5. Personnel whose temporary warrant or commissioned officer status is terminated and who remain on active duty to complete an enlistment.

3.3.6. Personnel who terminate their Reserve component status to integrate into a Regular component.

3.3.7. Personnel separated or discharged who have been furnished a prior edition of this form, unless that form is in need of reissuance for some other reason.

3.4. Preparation. The Military Departments will issue instructions governing the preparation of DD Form 214, consistent with the following:

3.4.1. DD Form 214 is an important record of service which must be prepared accurately and completely. Any unavoidable corrections and changes made in the unshaded areas of the form during preparation shall be neat, legible and initialed on all copies by the authenticating official. The recipient will be informed that making any unauthorized change or alteration of the form will render it void.

3.4.2. Since DD Form 214 is often used by civilian personnel, abbreviations should be avoided.

3.4.3. Copies of DD Form 214 transmitted to various governmental agencies shall be legible, especially those provided to the Veterans Administration (Department of Veterans Affairs, effective March 15, 1989, in accordance with Section 18(a), reference (m)) and the Department of Labor.

3.4.4. The authority for a member's transfer or discharge will be cited by reference to the appropriate Military Service regulation, instruction, or manual, followed by the appropriate separation program designator on copies 2, 4, 7, and 8 only. A narrative description to identify the reason for transfer or separation will not be used on copy 1.

3.4.5. To assist the former Service member in employment placement and job counseling, formal inservice training courses successfully completed during the period covered by the form will be listed in Block 14, Military Education; e.g., medical, dental, electronics, supply, administration, personnel or heavy equipment operations. Training courses for combat skills will not be listed. See 1978 Guide to the Evaluation of Educational Experiences in the Armed Services (reference (g)), for commonly accepted course titles and abbreviations.

3.4.6. For the purpose of reemployment rights (DoD Directive 1205.12 reference (h)), all extensions of service, except those under 10 U.S.C. 972 (reference (e)), are considered to be at the request and for the convenience of the Government. In these cases, Block 18 of DD Form 214 will be annotated to indicate "Extension of service was at the request and for the convenience of the Government."

3.4.7. When one or more of the data items on the DD Form 214 are not available and the document is issued to the separatee, the applicable block(s) will be annotated "See Remarks." In such cases, Block 18 will contain the entry "DD Form 215 will be issued to provide missing information." When appropriate, Block 18 will also reflect the amount of disability pay, and the inclusive dates of any nonpay/excess leave days.

3.4.8. The authorizing official (E-7, GS-7 or above) will sign the original in ink ensuring that the signature is legible on all carbon copies. If not, a second signature may be necessary on a subsequent carbon copy. The authorized official shall be an E-7, GS-7, or higher grade, except that the Service concerned may authorize chiefs of

installation separation activities (E-5, GS-5, or above) to serve in this capacity if designated in writing by the responsible commander and/or director (0-4, or above).

3.4.9. The following are the only authorized entries in Block 24, Character of Service, as appropriate: "Honorable," "Under Honorable Conditions (General)," "Under Other Than Honorable Conditions," "Bad Conduct," "Dishonorable," or "Uncharacterized." When a discharge has been upgraded, the DD Form 214 will be annotated on copies 2 through 8 in Block 18 to indicate the character of service has been upgraded; the date the application for upgrade was made; and the effective date of the corrective action.

3.4.10. The date entered in Block 12.a. shall be the date of enlistment for the earliest period of continuous active service for which a DD Form 214 was not previously issued. For members who have previously reenlisted without being issued a DD Form 214, and who are being separated with any discharge characterization except "Honorable," the following statement shall appear as the first entry in Block 18., "Remarks," on the DD Form 214: "CONTINUOUS HONORABLE ACTIVE SERVICE FROM (applicable date) UNTIL (applicable date)." The "from" date shall be the date of initial entry into active duty, or the first day of service for which a DD Form 214 was not previously issued, as applicable; the "until" date shall be the date before commencement of the current enlistment.

3.4.11. For Service members retiring from active duty enter in Block 18., "Subject to active duty recall by Service Secretary."

3.4.12. For Service members being transferred to the Individual Ready Reserve, enter in Block 18., "Subject to active duty recall and/or annual screening."

3.5. Distribution. The Military Services will prescribe procedures governing the distribution of copies of the DD Forms 214 and 215, consistent with their internal requirements, and the following:

3.5.1. DD Form 214

3.5.1.1. Copy No. 1 (original). To the member.

3.5.1.2. Copy No. 2. To be used as the Military Services' record copy.

3.5.1.3. Copy No. 3. To the Veterans Administration (Department of Veterans Affairs, effective March 15, 1989, in accordance with Section 18(a), reference (m)), Data Processing Center (214), 1614 E. Woodword Street, Austin, Texas 78772. A reproduced copy will also be provided to the hospital with the medical records if the individual is transferred to a VA hospital. If the individual completes VA Form

21-5267, "Veterans Application for Compensation or Pension," include a copy of the DD Form 214 with medical records forwarded to the VA regional office having jurisdiction over the member's permanent address. When an individual is in Service and enlisting or reenlisting in an active duty status or otherwise continuing on active duty in another status, copy No. 3 will not be forwarded to the VA.

3.5.1.4. Copy No. 4. To the member, if the member so requested by having initialed Block 30. If the member does not request this copy, it may be retained in the master military personnel record, to be available in case the member requests a copy later.

3.5.1.5. Copy No. 5. To Louisiana UCX/UCFE, Claims Control Center, Louisiana Department of Labor, P.O. Box 94246, Capitol Station, Baton Rouge, Louisiana 70804-9246.

3.5.1.6. Copy No. 6. To the appropriate State Director of Veterans Affairs (see enclosure 4), if the member so requested by having checked "Yes" in Block 20, "Member Requests Copy Be Sent to Director of Veterans Affairs." The member must specify the State. If the member does not request the copy be mailed, it may be utilized as prescribed by the Military Service concerned.

3.5.1.7. Copies No. 7 and 8. To be distributed in accordance with regulations issued by the Military Service concerned.

3.5.1.8. Additional Copy Requirements. Discharged Alien Deserters. Provide one reproduced copy of Copy No. 1 to the U.S. Department of State, Visa Office - SCA/VO, State Annex No. 2, Washington, D.C. 20520, to assist the Visa Office in precluding the unwarranted issuance of visas to discharged and alien deserters in accordance with DoD Directive 1325.2 (reference (i)). Place of birth will be entered in Block 18.

3.5.2. DD Form 214-ws. Utilized to facilitate the preparation of DD Form 214. The document will be used and disposed of in accordance with regulations issued by the Military Service concerned.

3.5.3. DD Form 215. Utilized to correct errors in DD Form 214 discovered after the original has been delivered and/or distribution of copies of the form has been made, and to furnish to separatee information not available when the DD Form 214 was prepared. The distribution of DD Form 215 will be identical to the distribution of DD Form 214.

3.5.4. Requests for Copies of DD Form 214 Subsequent to Separation. Agencies maintaining a separatee's DD Form 214 will provide a copy only upon written request by the member. Agencies will provide the member with 1 copy with the Special Additional Information section, and 1 copy with that information deleted. In the case of DD Forms 214 issued prior to 1 July 1979, agencies will provide the member with 1 copy containing all items of information completed, and 1 copy with the following items deleted from the form: specific authority and narrative reason for separation, reenlistment eligibility code, and separation program designator/number.

3.5.4.1. In those cases where the member has supplied an authorization to provide a copy of the DD Form 214 to another individual or group, the copy furnished will not contain the Special Additional Information section or, in the case of DD forms issued prior to 1 July 1979, those items listed in 3.5.4., above.

3.5.4.2. A copy will be provided to authorized personnel for official purposes only.

3.6. Procurement. Arrangements for procurement of DD Forms 214, 214-ws, and 215 will be made by the Military Services.

3.7. Modification of Forms. The modification of the content or format of DD Forms 214, 214-ws, and 215 may not be accomplished without prior authorization of the Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)). Requests to add or delete information will be coordinated with the other Military Services in writing, prior to submission to the ASD(FM&P). If a Military Service uses computer capability to generate forms, the items of information may be arranged, the size of the information blocks may be increased or decreased, and copies 7 and/or 8 may be deleted at the discretion of the Service.

4. RESPONSIBILITIES

4.1. The DD Forms 214 and 215 are a source of significant and authoritative information used by civilian and governmental agencies to validate veteran eligibility for benefits. As such, they are valuable forms and, therefore, vulnerable to fraudulent use. Since they are sensitive, the forms must be safeguarded at all times. They will be transmitted, stored, and destroyed in a manner which will prevent unauthorized use. The Military Services will issue instructions consistent with the following:

4.1.1. All DD Forms 214 will be surprinted with a reproducible screen tint using appropriate security ink on Blocks 1, 3, 4.a, 4.b, 12, and 18 through 30. In addition Blocks 1, 3, 5, and 7 of the DD Form 215 will be similarly surprinted to make alterations readily discernible. No corrections will be permitted in the screened areas.

4.1.2. All forms will be secured after duty hours.

4.1.3. All obsolete forms will be destroyed.

4.1.4. All forms to be discarded, including those which are blank or partially completed, and reproduced copies of DD Form 214, will be destroyed. No forms will be discarded intact.

4.1.5. Blank forms given to personnel for educational or instructional purposes, and forms maintained for such use, are to be clearly voided in an unalterable manner.

4.1.6. The commander or commanding officer of each unit or activity authorized to issue DD Form 214 will appoint, in writing, a commissioned officer, warrant officer, enlisted member (grade E-7 or above), or DoD civilian (GS-7 or above) who will requisition, control, and issue blank DD Forms 214 and 215. The Service concerned may authorize an E-5 or GS-5 to serve in this capacity.

4.1.7. The Military Services will monitor the use of DD Form 214 and review periodically its issuance to insure compliance with procedures for safeguarding.

4.2. The DD Form 214-ws will contain the word "WORKSHEET" on the body of the form (see enclosure 2) This DD Form 214-ws will be treated in the same manner as the DD Form 214.

4.3. The Military Services will issue appropriate instructions to separation activities stressing the importance of the DD Forms 214 and 215 in obtaining veterans benefits, reemployment rights, and unemployment insurance.

4.4. Standard separation program designator (SPD) codes for officer and enlisted personnel developed under the provisions of DoD Instruction 5000.12 (reference (j)) are published in DoD Manual 5000.12-M (reference (k)).

4.4.1. Requests to add, change, or delete an SPD code shall be forwarded by the DoD Component concerned with appropriate justification to the Assigned Responsible Agency accountable for evaluating, recommending approval of, and maintaining such codes:

Department of the Navy
Office of The Chief of Naval Operations
(Attention: 0P-161), Room 1514, Arlington Annex
Washington, D.C. 20350-2000

4.4.2. Requests to add, change, or delete an SPD code will be submitted in accordance with section V., DoD Instruction 5000.12 (reference (j)), with prior written approval by the ASD(FM&P), or his/her designee.

4.5. All lists of SPD codes, including supplemental lists, published by the DoD Components will be stamped "For Official Use Only" and will not be furnished to any agency or individual outside the Department of Defense.

4.5.1. Appropriate provisions of the Freedom of Information Act (reference (1)) will be used to deny the release of the lists to the public. An individual being separated or discharged is entitled access only to his/her SPD code. It is not intended that these codes stigmatize an individual in any manner. They are intended for internal use by the Department of Defense in collecting data to analyze statistical reporting trends that may, in turn, influence changes in separation policy.

4.5.2. Agencies or individuals who come into the possession of these lists are cautioned on their use because a particular list may be outdated and not reveal correctly the full circumstances relating to an individual's separation or discharge.

5. EFFECTIVE DATE AND IMPLEMENTATION

5.1. This Instruction is effective January 1, 1989. Forward two copies of implementing documents to the Assistant Secretary of Defense (Force Management and Personnel) within 180 days.

5.2. Forward copies of implementing documents, and any changes thereto, to the Veterans Administration (Department of Veterans Affairs, effective March 15, 1989, in accordance with Section 18(a), reference (m)) and the Department of Labor.

Grant S. Green, Jr.
Assistant Secretary of Defense
(Force Management and Personnel)

Enclosures - 5

E1. DD Form 214, Certificate of Release or Discharge from Active Duty
E2. DD Form 214-ws, Certificate of Release or Discharge from Active Duty (Worksheet)
E3. DD Form 215, Correction to Certificate of Release or Discharge from Active Duty
E4. State Directors of Veterans Affairs
E5. References

E1. *ENCLOSURE 1*

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 NUMBER
4a. GRADE, RATE OR RANK
b. PAY GRADE
5. DATE OF BIRTH *(YYYYMMDD)*
6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY
b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND
b. STATION WHERE SEPARATED
9. COMMAND TO WHICH TRANSFERRED
10. SGLI COVERAGE ☐ 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)	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. 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)*

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES		NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES		NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES		NO

18. REMARKS

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)*
b. NEAREST RELATIVE *(Name and address - include Zip Code)*

20. MEMBER REQUESTS COPY 4 BE SENT TO	DIRECTOR OF VETERANS AFFAIRS	YES	NO

21. SIGNATURE OF MEMBER BEING SEPARATED
22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*

S A M P L E

DD FORM 214, FEB 2000 PREVIOUS EDITION IS OBSOLETE. MEMBER - 1

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 NUMBER
4a. GRADE, RATE OR RANK / b. PAY GRADE	5. DATE OF BIRTH *(YYYYMMDD)*	6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*	
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE ☐ 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)	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. 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)*

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES		NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES		NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES		NO

18. REMARKS

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)*	b. NEAREST RELATIVE *(Name and address - Include Zip Code)*
20. MEMBER REQUESTS COPY 4 BE SENT TO	DIRECTOR OF VETERANS AFFAIRS ☐ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*

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 *(YYYYMMDD)*	30. MEMBER REQUESTS COPY 4 *(Initials)*	

DD FORM 214, FEB 2000 | PREVIOUS EDITION IS OBSOLETE. | **SERVICE - 2**

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 NUMBER
4a. GRADE, RATE OR RANK / b. PAY GRADE	5. DATE OF BIRTH *(YYYYMMDD)*	6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*	
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE ☐ 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)	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. 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)*

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES		NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES		NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES		NO

18. REMARKS

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)*	b. NEAREST RELATIVE *(Name and address - Include ZIP Code)*		
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERANS AFFAIRS		YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*		

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE *(Include upgrades)*
26. NARRATIVE REASON FOR SEPARATION	
29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*	30. MEMBER REQUESTS COPY 4 *(Private)*

DD FORM 214, FEB 2000 | PREVIOUS EDITION IS OBSOLETE. | **VETERANS ADMINISTRATION - 3**

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 NUMBER
4a. GRADE, RATE OR RANK
b. PAY GRADE
5. DATE OF BIRTH *(YYYYMMDD)*
6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY
b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND
b. STATION WHERE SEPARATED
9. COMMAND TO WHICH TRANSFERRED
10. SGLI COVERAGE ☐ 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)	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. 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)*

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES		NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES		NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES		NO

18. REMARKS

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)*
b. NEAREST RELATIVE *(Name and address - include ZIP Code)*
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERANS AFFAIRS ☐ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED
22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*

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 *(YYYYMMDD)*
30. MEMBER REQUESTS COPY 4 *(Initials)*

DD FORM 214, FEB 2000 PREVIOUS EDITION IS OBSOLETE. MEMBER - 4

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 NUMBER
4a. GRADE, RATE OR RANK
b. PAY GRADE
5. DATE OF BIRTH *(YYYYMMDD)*
6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY
b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND
b. STATION WHERE SEPARATED
9. COMMAND TO WHICH TRANSFERRED
10. SGLI COVERAGE ☐ 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)	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. 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)*
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☐ NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT ☐ YES ☐ NO
16. DAYS ACCRUED LEAVE PAID
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION ☐ YES ☐ NO
18. REMARKS

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)*
b. NEAREST RELATIVE *(Name and address - include ZIP Code)*
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERANS AFFAIRS ☐ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED
22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION
24. CHARACTER OF SERVICE *(Include upgrades)*
26. NARRATIVE REASON FOR SEPARATION
29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*
30. MEMBER REQUESTS COPY 4 *(Initials)*

DD FORM 214, FEB 2000 PREVIOUS EDITION IS OBSOLETE. DEPARTMENT OF LABOR - 5

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 NUMBER
4a. GRADE, RATE OR RANK
b. PAY GRADE
5. DATE OF BIRTH *(YYYYMMDD)*
6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY
b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND
b. STATION WHERE SEPARATED
9. COMMAND TO WHICH TRANSFERRED
10. SGLI COVERAGE ☐ 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)	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. 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)*
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☐ NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT ☐ YES ☐ NO
16. DAYS ACCRUED LEAVE PAID
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION ☐ YES ☐ NO
18. REMARKS

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)*
b. NEAREST RELATIVE *(Name and address - Include ZIP Code)*
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERANS AFFAIRS ☐ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED
22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION
24. CHARACTER OF SERVICE *(Include upgrades)*
26. NARRATIVE REASON FOR SEPARATION
29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*
30. MEMBER REQUESTS COPY 4 *(Initials)*

DD FORM 214, FEB 2000 PREVIOUS EDITION IS OBSOLETE. STATE DIRECTOR OF VETERANS AFFAIRS - 6

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 NUMBER
4a. GRADE, RATE OR RANK / b. PAY GRADE	5. DATE OF BIRTH *(YYYYMMDD)*	6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*	
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE ☐ 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)	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. EFFECTIVE DATE OF PAY GRADE			

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods served)*	14. MILITARY EDUCATION *(Course title, number of weeks, and month and year completed)*

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES		NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES		NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES		NO

18. REMARKS

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)*	b. NEAREST RELATIVE *(Name and address - include Zip Code)*
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERANS AFFAIRS	YES / NO
21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title, and signature)*

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 *(YYYYMMDD)*	30. MEMBER REQUESTS COPY 4 *(Initials)*	

DD FORM 214, FEB 2000 | PREVIOUS EDITION IS OBSOLETE. | **SERVICE - 7**

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 NUMBER
4a. GRADE, RATE OR RANK
b. PAY GRADE
5. DATE OF BIRTH *(YYYYMMDD)*
6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY
b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND
b. STATION WHERE SEPARATED
9. COMMAND TO WHICH TRANSFERRED
10. SGLI COVERAGE ☐ 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)	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. 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)*

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES		NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES		NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES		NO

18. REMARKS

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)*
b. NEAREST RELATIVE *(Name and address - include ZIP Code)*
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERANS AFFAIRS ☐ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED
22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION
24. CHARACTER OF SERVICE *(Include upgrade)*
25. SEPARATION AUTHORITY
26. SEPARATION CODE
27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION
29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*
30. MEMBER REQUESTS COPY 4 *(Initials)*

DD FORM 214, FEB 2000 PREVIOUS EDITION IS OBSOLETE. SERVICE - 8

E2. ENCLOSURE 2

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 NUMBER
4a. GRADE, RATE OR RANK
b. PAY GRADE
5. DATE OF BIRTH *(YYYYMMDD)*
6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
7a. PLACE OF ENTRY INTO ACTIVE DUTY
b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND
b. STATION WHERE SEPARATED
9. COMMAND TO WHICH TRANSFERRED
10. SGLI COVERAGE AMOUNT: $ ☐ 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.)*

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. 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)*
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☐ NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT ☐ YES ☐ NO
16. DAYS ACCRUED LEAVE PAID
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION ☐ YES ☐ NO
18. REMARKS

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 Federal benefit programs.

19a. MAILING ADDRESS AFTER SEPARATION *(Include ZIP Code)*
b. NEAREST RELATIVE *(Name and address - include ZIP Code)*
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERANS AFFAIRS ☐ YES ☐ NO
21. SIGNATURE OF MEMBER BEING SEPARATED
22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*

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 *(YYYYMMDD)*
30. MEMBER REQUESTS COPY 4 *(Initials)*

DD FORM 214WS, FEB 2000 PREVIOUS EDITION IS OBSOLETE.

WORKSHEET

E3. *ENCLOSURE 3*

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES **ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID**

CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER *(Also, Service Number if applicable)*
4. MAILING ADDRESS *(Include ZIP Code)*		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE ON DD FORM 214 HERE CORRECTED: _____

6. DATE *(YYYYMMDD)*	7. OFFICIAL AUTHORIZED TO SIGN			
	a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

SAMPLE

DD FORM 215, FEB 2000 **PREVIOUS EDITION IS OBSOLETE.** **MEMBER - 1**

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES **ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID**

CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER *(Also, Service Number if applicable)*
4. MAILING ADDRESS *(Include ZIP Code)*		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: _____

6. DATE *(YYYYMMDD)*	7. SIGNATURE AUTHORIZED TO SIGN			
	a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

DD FORM 215, FEB 2000 **PREVIOUS EDITION IS OBSOLETE.** **SERVICE - 2**

SAMPLE

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES — ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER *(Also, Service Number if applicable)*
4. MAILING ADDRESS *(Include ZIP Code)*		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: _____

6. DATE *(YYYYMMDD)*	7. OFFICIAL AUTHORIZED TO SIGN			
	a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

SAMPLE

DD FORM 215, FEB 2000 — PREVIOUS EDITION IS OBSOLETE. — VETERANS ADMINISTRATION - 3

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES — ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER *(Also, Service Number if applicable)*
4. MAILING ADDRESS *(Include ZIP Code)*		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: _____

6. DATE *(YYYYMMDD)*	7. OFFICIAL AUTHORIZED TO SIGN			
	a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

SAMPLE

DD FORM 215, FEB 2000 — PREVIOUS EDITION IS OBSOLETE. — MEMBER - 4

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES — ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER *(Also, Service Number if applicable)*
4. MAILING ADDRESS *(Include ZIP Code)*		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE OF DD FORM 214 BEING CORRECTED: _____

6. DATE *(YYYYMMDD)*	7. OFFICIAL AUTHORIZED TO SIGN			
	a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

SAMPLE

DD FORM 215, FEB 2000 — PREVIOUS EDITION IS OBSOLETE. — DEPARTMENT OF LABOR - 5

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES — ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER *(Also, Service Number if applicable)*
4. MAILING ADDRESS *(Include ZIP Code)*		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE OF DD FORM 214 BEING CORRECTED: _____

6. DATE *(YYYYMMDD)*	7. PERSON AUTHORIZED TO CHANGE			
	a. PRINTED NAME *(Last, First, Middle initial)*	b. GRADE	c. TITLE	d. SIGNATURE

SAMPLE

DD FORM 215, FEB 2000 — PREVIOUS EDITION IS OBSOLETE. — STATE DIRECTOR OF VETERANS AFFAIRS - 6

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES — ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER *(Also, Service Number if applicable)*
4. MAILING ADDRESS *(Include ZIP Code)*		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE OF DD FORM 214 BEING CORRECTED: _____

6. DATE *(YYYYMMDD)*	7. OFFICIAL AUTHORIZED TO SIGN			
	a. TYPED NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

SAMPLE

DD FORM 215, FEB 2000 — PREVIOUS EDITION IS OBSOLETE. — SERVICE - 7

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES — ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER *(Also, Service Number if applicable)*
4. MAILING ADDRESS *(Include ZIP Code)*		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ
	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: _____

6. DATE *(YYYYMMDD)*	7. OFFICIAL AUTHORIZED TO SIGN			
	a. PRINT NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

SAMPLE

DD FORM 215, FEB 2000 — PREVIOUS EDITION IS OBSOLETE. — SERVICE - 8

E4. ENCLOSURE 4

STATE DIRECTORS OF VETERANS AFFAIRS

ALABAMA
Director
Department of Veterans Affairs
P.O. Box 1509
Montgomery, AL 36192-3701

ALASKA
Director
Division of Veterans Affairs
Department of Military & Veterans Affairs
3601 C Street, Suite 620
Anchorage, AK 99503

AMERICAN SAMOA
Veterans Affairs Officer
Office of Veterans Affairs
American Samoa Government
P.0. Box 2586
Pago Pago, AS 96799

ARIZONA
Director of Veterans Affairs
Arizona Veterans Service Commission
3225 N. Central Avenue, Suite 910
Phoenix, AZ 85012

ARKANSAS
Director
1200 West 3rd, Room 105
Box 1280
Little Rock, AR 72201

CALIFORNIA
Director
Department of Veterans Affairs
1227 O Street, Room 200A
Sacramento, CA 95814

DELAWARE
Chairman
Commission of Veterans Affairs
P.O. Box 1401
Dover, DE 19901

DISTRICT OF COLUMBIA
Chief
Office of Veterans Affairs
941 North Capitol Street, N.E.
Room 1211 F
Washington, D.C. 20421

FLORIDA
Director
Division of Veterans Affairs
P.O. Box 1437
St. Petersburg, FL 33731

GEORGIA
Commissioner
Department of Veterans Service
Floyd Veterans Memorial Bldg,
Suite E-97O
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Department of Social Services
1575 Sherman Street, Room 122
Denver, CO 80203

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287 West Street
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Kentucky Center for Veterans Affairs
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Louisville, KY 40202

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208 West Cook Street
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Michigan Veterans Trust Fund
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Commissioner
Department of Veterans Affairs
Veterans Service Building,
2nd Floor
St. Paul, MN 55155

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President
State Veterans Affairs Board
120 North State Street
War Memorial Building,
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State Office Building
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Augusta, ME 04333

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Executive Director
Maryland Veterans Commission
Federal Bldg. - Rm 110
31 Hopkins Plaza
Baltimore, MD 21201

MASSACHUSETTS
Commissioner
Department of Veterans Services
100 Cambridge Street, - Room 1002
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NEW JERSEY
Director
Division of Veterans Programs & Special Services
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NEW MEXICO
Director
Veterans Service Commission
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Raleigh, NC 27601

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NEVADA
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Commission for Veterans Affairs
1201 Terminal Way, Room 108
Reno, NV 89520

NEW HAMPSHIRE
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359 Lincoln Street
Manchester, NH 03103

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Director
Department of Veterans Affairs
Oregon Veterans Building
700 Summer Street, N.E.
Suite 150
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PENNSYLVANIA
Director
Department of Military Affairs
Bureau for Veterans Affairs
Fort Indiantown Gap, Bldg 5-0-47
Annville, PA 17003-5002

PUERTO RICO
Director
Bureau of Veterans Affairs & Human Resources
Department of Labor
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Hato Rey, PR 00918

RHODE ISLAND
Chief
Veterans Affairs Office
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Bristol, RI 02809

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Commissioner
Department of Veterans Affairs
15 North Broadway, Suite 613
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Division of Soldiers Claims & Veterans Affairs
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UTAH
No DVA

VERMONT
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SOUTH CAROLINA
Director
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Columbia, SC 29201

SOUTH DAKOTA
Director
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Commissioner
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Nashville, TN 37203

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Charleston, WV 25301-9778

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Secretary
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WYOMING
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VIRGIN ISLANDS
Director
Division of Veterans Affairs
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WASHINGTON
Director
Department of Veterans Affairs
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E5. ENCLOSURE 5

REFERENCES

(d) Assistant Secretary of Defense (Manpower and Reserve Affairs) Memorandum, "Discontinuation of the DD Form 214," June 16, 1975 (hereby canceled) as further amended by Deputy Assistant Secretary of Defense (Military Personnel Policy) Memorandum, "Recommendation Concerning Request/Decline From Showing Offer of Narrative Reason for Separation," January 25, 1978 (hereby canceled)

(e) Title 10, United States Code, Section 1168, "Discharge or Release from Active Duty: Limitations," and Section 972, "Enlisted Members: Required to Make Up Time Lost"

(f) DoD Directive 1332.14, "Enlisted Administrative Separations," January 28, 1982

(g) 1986 Guide to the Evaluation of Educational Experience in the Armed Services

(h) DoD Instruction 1205.12, "Assistance to be Provided Members of the Armed Forces in Exercising Reemployment Rights for Obtaining Employment or Training," January 15, 1969

(i) DoD Directive 1325.2, "Desertion and Unauthorized Absence" August 20, 1979

(j) DoD Instruction 5000.12, "Data Elements and Data Codes Standardization Procedures," April 27, 1965

(k) DoD Manual 5000.12-M, "Manual for Standard Data Elements," October 1986 (authorized by DoD Instruction 5000.12)

(l) 5 U.S.C. 552, as amended by Public Law 93-502

(m) Public Law 100-527, "Department of Veterans Affairs Act," 25 October 1988