



Department of Defense **INSTRUCTION**

NUMBER 1336.01

August 20, 2009

Incorporating Change 3, Effective January 23, 2019

USD(P&R)

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

References: See Enclosure 1

1. **PURPOSE.** This instruction:

a. Reissues DoD Instruction (DoDI) 1336.1 (Reference (a)) in accordance with the authority in DoD Directive 5124.02 (Reference (b)).

b. Establishes and implements policy for the preparation and distribution of the revised DD Forms 214, "Certificate of Release or Discharge From Active Duty," 214C, "Certificate of Release or Discharge From Active Duty, Continuation Sheet," 215, "Correction to DD Form 214, Certificate of Release or Discharge From Active Duty," and 214WS, "Certificate of Release or Discharge From Active Duty, Worksheet."

c. Prescribes procedures for the preparation and distribution of the revised DD Forms 214, "Certificate of Release or Discharge From Active Duty," 214C, "Certificate of Release or Discharge From Active Duty, Continuation Sheet," 215, "Correction to DD Form 214, Certificate of Release or Discharge From Active Duty," and 214WS, "Certificate of Release or Discharge From Active Duty, Worksheet," in order to comply with the requirements of enlisted and officer separations issuances, DoDIs 1332.14 and 1332.30 (References (c) and (d)), and the control and publication of separation program designator (SPD) codes. Procedures for the preparation and distribution of these forms include electronic and hard copy formats.

2. **APPLICABILITY.** This instruction applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities in the Department of Defense (hereafter referred to collectively as the "DoD Components").

3. POLICY. It is DoD policy that:

a. The DD Form 214 will provide an accurate and complete summation of active military personnel service. It will provide the Military Services with an authoritative source of personnel information for administrative purposes, and for making enlistment or reenlistment eligibility determinations.

b. The DD Form 214/5 series shall be issued and distributed in accordance with the responsibilities outlined in Enclosure 2 and procedures outlined in Enclosures 3 and 5 of this instruction. Electronic transfer and electronic signature of the DD Form 214/5 series are acceptable methods for their issuance and distribution and will be used for all DD Forms 214 produced on or after January 1, 2015, in accordance with procedures outlined in Enclosures 3 and 5.

c. Every Service member who is being separated shall be given a completed DD Form 214 describing relevant data regarding the Service member's service and the circumstances of termination, except as limited in Enclosure 3.

d. The DD Form 214 will be accurately prepared to provide the Service member a clear, concise summary of active service with the Military Services at the time of transfer, release, discharge, or Service member change of component or status while on active duty.

e. The DD Form 214 will be provided in electronic format in order to expedite distribution to appropriate governmental agencies such as the Department of Veterans Affairs (VA), and the Department of Labor (DOL).

f. The DD Form 214, whether in electronic or paper form, is the authoritative source of information required for the administration of State and Federal laws applicable to personnel who have been discharged, released, or transferred to a Reserve Component while on active duty. The Defense Manpower Data Center (DMDC) is the official distribution source of the Military Services authoritative and certified information for all periods of active duty that are completed on or after January 1, 2015. DMDC is DoD's single enterprise distribution point for interagency information sharing of Service personnel information.

g. Completion of all DD Form 214/5 series documents will be in accordance with this instruction.

h. The Military Services will make the electronic DD Form 214 data available to the DMDC, and the production and distribution of paper copies 3, 7, and 8 of DD Form 214 will no longer be required. In accordance with DoD Directive 5400.11 (Reference (e)) and DoD 5400.11-R (Reference (f)), authorized representatives from the VA, DOL, and if the Service member elects, State Veterans Affairs offices will have access to DD Form 214 data through DMDC's electronic data sharing capability or the DD Form 214 image from the Defense Personnel Records Information Retrieval System, when required.

i. All periods of active service served, regardless of duration, will continue to be reported along with their corresponding Character of Service and SPD codes in accordance with DoDIs 1336.05 and 7730.54 (References (g) and (h)).

j. Each electronic DD Form 214 record must have a unique identifier (serial number).

4. RESPONSIBILITIES. Responsibilities are outlined in Enclosure 2.

5. PROCEDURES. Procedures and standards for implementing policy in this instruction are contained in Enclosures 3 and 5.

6. FORMS. Sample forms are provided in Enclosure 4.

7. RELEASABILITY. **Cleared for public release**. This instruction is available on the Directives Division Website at <http://www.esd.whs.mil/DD/>.

8. INFORMATION COLLECTIONS. The Certificate of Release or Discharge from Active Duty, DD form series DD-214/5, referred to in Paragraph 3 of Enclosure 2 and throughout Enclosure 3 of this issuance, do not require licensing with a report control symbol in accordance with Enclosure 3, Paragraph 1.b.(13) of Volume 1 of DoD Manual 8910.01 (Reference (s)).

9. SUMMARY OF CHANGE 3. Change 3 realigns and adds responsibilities as appropriate in accordance with recommendations made by the Separations Standardization Workgroup. The change also updates prescribed procedures and makes administrative changes.

10. EFFECTIVE DATE. This instruction is effective August 20, 2009.



Gail H. McGinn
Deputy Under Secretary of Defense (Plans)
Performing the Duties of the
Under Secretary of Defense for
Personnel and Readiness

Enclosures

1. References
2. Responsibilities
3. Procedures
4. Forms – DD Forms 214/215, Worksheet, and Continuation Sheet
5. Procedures for Electronic DD Form 214

Glossary

TABLE OF CONTENTS

| | |
|--|----|
| REFERENCES | 6 |
| RESPONSIBILITIES | 7 |
| ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)) | 7 |
| DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY PERSONNEL POLICY | 7 |
| SECRETARIES OF THE MILITARY DEPARTMENTS AND THE COMMANDANT OF THE COAST GUARD | 7 |
| PROCEDURES..... | 9 |
| FORMS | 17 |
| 1. DD Form 214 Service Member Copy - 1..... | 17 |
| 2. DD Form 214 Service Copy - 2 | 18 |
| 3. DD Form 214 Veterans Administration Copy - 3..... | 19 |
| 4. DD Form 214 Service Member Copy - 4..... | 20 |
| 5. DD Form 214 Department of Labor Copy - 5 | 21 |
| 6. DD Form 214 State Director of Veterans Affairs Copy - 6..... | 22 |
| 7. DD Form 214 Service Copy - 7 | 23 |
| 8. DD Form 214 Service Copy - 8 | 24 |
| 9. DD Form 214WS (Worksheet) | 25 |
| 10. DD Form 214C (Continuation Sheet) Service Member Copy - 1 | 26 |
| 11. DD Form 214C (Continuation Sheet) Service Copy - 2..... | 27 |
| 12. DD Form 214C (Continuation Sheet) Veterans Administration Copy - 3 | 28 |
| 13. DD Form 214C (Continuation Sheet) Service Member Copy - 4 | 29 |
| 14. DD Form 214C (Continuation Sheet) Department of Labor Copy - 5 | 30 |
| 15. DD Form 214C (Continuation Sheet) State Director of Veterans Affairs Copy - 6..... | 31 |
| 16. DD Form 214C (Continuation Sheet) Service Copy - 7 | 32 |
| 17. DD Form 214C (Continuation Sheet) Service Copy - 8..... | 33 |
| 18. DD Form 215 Service Member Copy - 1..... | 34 |
| 19. DD Form 215 Service Copy - 2 | 35 |
| 20. DD Form 215 Veterans Administration Copy - 3..... | 36 |
| 21. DD Form 215 Service Member Copy - 4..... | 37 |
| 22. DD Form 215 Department of Labor Copy - 5 | 38 |
| 23. DD Form 215 State Director of Veterans Affairs Copy - 6..... | 39 |
| 24. DD Form 215 Service Copy - 7 | 40 |
| 25. DD Form 215 Service Copy - 8 | 41 |
| PROCEDURES FOR ELECTRONIC DD FORM 214 DATA..... | 42 |

| | |
|---|----|
| GLOSSARY | 46 |
| PART I. ACRONYMS AND ABBREVIATIONS | 46 |
| PART II. DEFINITIONS..... | 46 |
| TABLE | |
| Electronic DD Form 214 Data Reporting | 45 |

ENCLOSURE 1

REFERENCES

- (a) DoD Instruction 1336.1, "Certificate of Release or Discharge from Active Duty (DD Form 214/5 Series)," January 6, 1989 (hereby canceled)
- (b) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (c) DoD Instruction 1332.14, "Enlisted Administrative Separations," January 27, 2014, as amended
- (d) DoD Instruction 1332.30, "Separation of Regular and Reserve Commissioned Officers," November 25, 2013, as amended
- (e) DoD Directive 5400.11, "DoD Privacy Program," October 29, 2014
- (f) DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007
- (g) DoD Instruction 1336.05, "Automated Extract of Active Duty Military Personnel Records," July 28, 2009, as amended
- (h) DoD Instruction 7730.54, "Reserve Components Common Personnel Data System (RCCPDS)," May 20, 2011
- (i) DoD Directive 5400.07, "DoD Freedom of Information Act (FOIA) Program," January 2, 2008, as amended
- (j) Sections 596 and 1614(b) (10) (B) of Public Law 110-181, "National Defense Authorization Act for Fiscal Year 2008," January 28, 2008
- (k) DoD 5015.02-STD, "Electronic Records Management Software Applications Design Criteria Standard," April 25, 2007
- (l) DoD Instruction 1336.08, "Military Human Resource Records Life Cycle Management," November 13, 2009
- (m) American Council on Education, "Guide to the Evaluation of Educational Experiences in the Armed Services," as updated¹
- (n) DoD Instruction 1205.12, "Civilian Employment and Reemployment Rights of Applicants for, and Service Members and Former Service Members of the Uniformed Services," February 24, 2016, as amended
- (o) Section 972 of Title 10, United States Code
- (p) DoD Instruction 1325.02, "Desertion and Unauthorized Absence (UA)," November 16, 2012, as amended
- (q) Section 3301 of Public Law 110-252, "Supplemental Appropriations Act, 2008," June 30, 2008
- (r) Section 305a of Title 37, United States Code
- (s) DoD Manual 8910.01, Volume 1, "DoD Information Collections Manual: Procedures for DoD Internal Information Collections," June 30, 2014, as amended

¹ Available at <http://www.militaryguides.acenet.edu/>

ENCLOSURE 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS (ASD(M&RA)). Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(M&RA):

a. Develops, maintains, and oversees procedural instructions and guidance for the DD Form 214/5 series.

b. May supplement the enclosures to this instruction to provide updated policy and may delegate authority to establish appropriate oversight requirements.

2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY PERSONNEL POLICY. Under the authority, direction, and control of the ASD(M&RA), the Deputy Assistant Secretary of Defense for Military Personnel Policy exercises approval authority over requests to add, change, or delete standard SPD codes.

3. SECRETARIES OF THE MILITARY DEPARTMENTS AND THE COMMANDANT OF THE COAST GUARD. The Secretaries of the Military Departments and the Commandant of the Coast Guard:

a. Provide active duty Service members who are separated a complete, accurate DD Form 214 containing a clear, concise summary of service, except as limited in Enclosure 3 of this instruction.

b. Issue, in accordance with the safeguard requirements in Reference (f), appropriate instructions for safeguarding the forms and data contained in DD Forms 214 and 215 to separation activities due to their considerable value in obtaining veterans benefits, reemployment rights, and unemployment insurance.

c. Issue instructions and procedures governing the electronic generation of the DD Forms 214 and 215 and personnel data contained therein.

d. Monitor the use of DD Form 214 and periodically review its issuance to ensure that requests for corrections to DD Form 214 are given priority and that backlogs for corrections are minimized or eliminated. Significant issues or backlogs shall be brought to the attention of the ASD(M&RA).

e. Delineate in Service policy that no modification to the contents or format of the DD Form 214/5 series are made without prior authorization from the ASD(M&RA).

- f. Ensure that requests to add, change, or delete SPD codes, with appropriate justification, are forwarded to the ASD(M&RA) for approval.
- g. Ensure positive control is exercised over the distribution of any and all lists of SPD codes with narrative explanations. SPD code lists will be stamped "For Official Use Only" and will not be furnished to any agency or individual outside the Department of Defense.
- h. Ensure commanders or commanding officers of units or activities authorized to issue DD Forms 214 and 215 are aware that appropriate provisions of the DoD Directive 5400.07 (Reference (i)) will be used to deny the release of SPD code lists to the public. Only the individual being separated or discharged is entitled access to his or her SPD code. It is not intended that these codes stigmatize an individual in any manner. They are intended for DoD internal use in collecting data to analyze statistical reporting trends that may, in turn, influence changes in separation policy.
- i. Develop capabilities and establish procedures to generate and use electronic-signature and electronic transfer of the DD Forms 214 and 215 for transmittal of records to the VA in accordance with section 1614(b) (10) (B) of Public Law 110-181 (Reference (j)).
- j. Develop implementation and management controls for the electronic transfer of DD Forms 214/5 data to ensure proper protocol and safeguarding of electronically transmitted data are consistent with DoD standards, as outlined in DoD 5015.2-STD (Reference (k)) and Reference (e).
- k. Transmit the DD Form 214 data to the DMDC in accordance with Enclosure 5 of this instruction.
- l. File the DD Form 214 image in the Service official military personnel file (OMPF) repository in accordance with DoDI 1336.08 (Reference (l)).
- m. Issue instructions and procedures governing how corrections to DD Forms 214 may be made in accordance with Enclosure 3 of this instruction.

ENCLOSURE 3

PROCEDURES

1. HANDLING

a. Due to the considerable value of the DD Form 214 in obtaining veterans benefits, reemployment rights, and unemployment insurance, commanding officers will ensure processes are in place and training is conducted, in accordance with References (e) and (f), on the safeguarding and proper disposal of electronic data and hard copies of the DD Form 214/5 series.

b. DD Form 214 shall contain relevant data regarding the Service member's character of service and the circumstances of termination at the time of transfer, release, discharge, or when the Service member changes status or component while on active duty.

(1) A continuation sheet (DD Form 214C), if required, will be used, and will reference information from Blocks 1 through 3 and the appropriate block(s) being continued.

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

(3) 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) DD Form 214WS will contain the word "WORKSHEET" on the body of the form (see Enclosure 4 of this instruction). This worksheet, which is an unauthenticated working copy, will be treated in the same manner as DD Form 214 and is not suitable for permanent filing and will be disposed of in accordance with the procedures of the Military Service concerned.

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

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

(1) When directed by appropriate appellate authority, Executive order, or by the Secretary of the Military Department concerned.

(2) When it is determined by the Military Department 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) When two DD Forms 215 have been issued and an additional correction is required (for a non-electronic DD Form 214).

(4) When a DD Form 214 has been issued as electronic DD Form 214 data and corrections or updates are required.

b. When a DD Form 214 is administratively issued or reissued, an entry will be made in Block 18, "Remarks," annotating the issuance or reissuance unless the appellate authority, Executive order, or Military Department Secretarial directive specifies otherwise.

c. 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 separating Service member prior to departure from the separation activity on the effective date of separation; or on the date authorized travel time commences. Copy 4 of the DD Form 214, containing the statutory or regulatory authority, SPD code, reentry code, and narrative reason for separation, also will be physically delivered to the separating member prior to departure, if requested by the member by initialing Block 30 of the DD Form 214. The remaining copies will be distributed on the day following the effective date of separation (see section 4 of this enclosure regarding delivery of copies).

(1) When separation is effected under emergency conditions that preclude physical delivery, the original DD Form 214 will be mailed to the recipient on the effective date of separation.

(2) 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 separating Service member. The Service member will be advised that a DD Form 215 will be issued by the Military Service concerned when the missing information becomes available; and that it will not be necessary for the separating member to request a DD Form 215 for such information. (See paragraph 4.d. of this enclosure.)

d. 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 of the Military Department 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.

(1) Reserve Component personnel ordered to active duty for a contingency operation for a period greater than 30 days will be issued a DD Form 214.

(2) The DD Form 214 issuance requirement shall also apply to recalled retirees reverting to retired status, regardless of the period of active duty served.

e. Service members who change their status or component, as outlined in subparagraphs 2.e.(1) through (4) of this enclosure, while they are serving on active duty will be provided a completed DD Form 214 upon:

(1) Discharge for immediate enlistment or reenlistment (DD Form 214 optional – at the discretion of the Military Services). However, Military Services not providing the DD Form 214 will furnish the Service member a DD Form 256, “Honorable Discharge Certificate,” and will issue instructions requiring those military offices that maintain a Service member’s records to provide necessary service data to the Service member for application to appropriate civilian individuals, groups, and Governmental agencies. Such data will include Service component, entry data, and grades. (See paragraph 3.j. of this enclosure.)

(2) Termination of enlisted status to accept an appointment to warrant or commissioned officer grade.

(3) Termination of a temporary appointment to accept a permanent warrant or commission in the Active Duty or Reserve Components of the Military Services.

(4) Termination of an officer appointment in one of the Military Services to accept appointment in another Service.

f. DD Form 214 is not required for:

(1) Personnel found disqualified upon reporting for active duty and who do not perform duties in accordance with orders.

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

(3) Personnel being removed from the Temporary Disability Retired List.

(4) Enlisted personnel who receive temporary appointments to warrant officer or commissioned officer grades.

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

(6) Personnel who terminate their Reserve Component status to integrate into an Active Component.

(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. PREPARATION. Preparation of the DD Form 214 will be consistent with the following:

a. DD Form 214 is an important record of service that must be prepared accurately and completely and must be typed or computer generated. The recipient will be informed that making any unauthorized change or alteration of the form will render it void.

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

c. The authority for a Service 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 of the DD Form 214. A narrative description to identify the reason for transfer or separation will not be used on Copy 1 of the DD Form 214.

d. To assist the former Service member in employment placement and job counseling, formal in-service 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 the "Guide to the Evaluation of Educational Experiences in the Armed Services" (Reference (m)) for commonly accepted course titles and abbreviations.

e. For the purpose of reemployment rights, as outlined in DoDI 1205.12 (Reference (n)), all extensions of service, except those pursuant to section 972 of Title 10, United States Code (Reference (o)), are considered to be at the request, and for the convenience, of the U.S. 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."

f. When one or more of the data items on the DD Form 214 are not available and the document is issued to the separating member, the applicable block(s) shall be annotated "See Remarks." In such cases, Block 18 shall 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 non-pay or excess leave days.

g. Electronic signatures are the preferred method and will be used as capabilities evolve. If electronic signatures are not used, ensure the signatures are legible on all copies.

h. The only authorized entries in Block 24, "Character of Service," are the terms listed in paragraphs 3.i.(1) through (6) of this enclosure as appropriate. When a discharge has been upgraded, the DD Form 214 will be annotated on copies two through eight 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.

- (1) Honorable.
- (2) Under Honorable Conditions (General).
- (3) Under Other Than Honorable Conditions.
- (4) Bad Conduct.
- (5) Dishonorable.

(6) Uncharacterized.

i. The date entered in Block 12a 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 Service 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 on the DD Form 214: "CONTINUOUS HONORABLE ACTIVE SERVICE FROM (applicable date) UNTIL (applicable date)."

(1) 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.

(2) The "until" date shall be the date before commencement of the current enlistment.

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

k. For Service members retiring or separating from active duty, participation in contingency operations will be documented in Block 18 of the DD Form 214.

l. For Service members being transferred to the Individual Ready Reserve, enter in Block 18, "Subject to active duty recall and/or annual screening." Every Service member who is being separated is given a completed DD Form 214 describing relevant data regarding the Service member's service, and the circumstances of termination. Exceptions are those listed in sections 2 and 3 of this enclosure. DD Form 214 may also be issued under other circumstances prescribed by the Military Service concerned. A continuation sheet (DD Form 214C), if required, will be included and will reference: the DD Form 214 being continued; information from Blocks 1 through 3; the appropriate block(s) being continued; the Service 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.

m. If the Service member elects, enter in Block 18 an e-mail address and telephone number to allow contact by agencies receiving copies of the DD Form 214. If the Service possesses the capability, an "e-mail for life" address is preferred since it will provide a secure e-mail environment.

n. To assist the former Service member in transitioning, Block 20 should continue to be used to direct DMDC to share the electronic service and separation data with the designated State or territory Department of Veterans Affairs per written MOUs between DMDC and the respective States and territories.

4. DISTRIBUTION. Distribution of copies of the DD Forms 214 and 215 will be made consistent with the Military Service's internal requirements and the instructions in this section. Upon the electronic transmission of DD Form 214 data to DMDC, Military Services will no

longer be required to produce and distribute paper copies 3, 5, 6, 7, and 8 of DD Form 214. DMDC is the official distribution source of the Military Services authoritative and certified information for all periods of active duty that are completed on or after January 1, 2015. With the elimination of the mailed paper DD Form 214, copies 3, 5, and 6, DMDC will share a Service member's electronic service and separation data with the VA, the DOL, and the State or territory Department of Veterans Affairs the Service member designates in Block 20 or the electronic equivalent.

a. DD Form 214.

(1) Copy 1 (original). Provide the original to the Service member. The original DD Form 214 will be physically delivered to the Service member upon separation or the date authorized travel commences. If the Service member is not available at the time of separation, the form will be mailed to the Service member on the effective date of separation or transfer. Copy 1 should be used by the Service member to provide proof of service.

(2) Copy 2. Provide to the Military Service as a record copy.

(3) Copy 4. Provide the original to the Service member.

(4) Copies 7 and 8. To be distributed in hard copy or electronic format in accordance with regulations issued by the Military Service concerned.

(5) Copy 1 (reproduction). In the case of discharged alien deserters, provide one reproduced copy of Copy 1 in hard copy or electronic format to the U.S. Department of State, Visa Office – SCA/VO, State Annex No. 2, Washington, DC 20520, to assist the Visa Office in precluding the unwarranted issuance of visas to discharged and alien deserters in accordance with DoDI 1325.02 (Reference (p)). Enter the place of birth in Block 18.

b. DD Form 214WS. The DD Form 214WS will be used to assist the preparation of DD Form 214. The document will be used and disposed of in accordance with regulations issued by the Military Service concerned.

c. DD Form 214C. The DD Form 214C will be used to provide space for supplemental information where space is not available on the DD Form 214. The document will be handled in accordance with regulations issued by the Military Service concerned.

d. DD Form 215. The DD Form 215 will be used to correct errors in the DD Form 214 discovered after the original has been delivered or copies of the form have been distributed, and to furnish to separating member information not available when the DD Form 214 was prepared. The distribution of the DD Form 215 will be identical to the distribution of DD Form 214. The DD Form 215 will be eliminated as capabilities evolve to reissue an electronic DD Form 214 to correct errors in the DD Form 214 discovered after the original has been delivered or copies of the form have been distributed, and to furnish to separating member information not available when the DD Form 214 was prepared. The Secretaries of the Military Departments may

continue to issue the DD Form 215 until full capability for reissuance of electronic DD Form 214 data exists.

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

(1) In those cases where the Service 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 July 1, 1979, those items listed in paragraph 4.e of this enclosure.

(2) A copy will be provided to authorized personnel for official purposes only and only in accordance with Reference (f).

5. REPLACEMENT AND CORRECTION

a. Replacement copies of DD Forms 214 may be requested through the National Personnel Records Center in St. Louis, Missouri.

b. Administrative changes that are required by court-order may be made through methods established by the Secretary of the Military Department concerned.

c. Substantive corrections of DD Forms 214 may be made through the Board for Corrections of Military Records of the Military Department concerned.

ENCLOSURE 4

FORMS

This enclosure provides samples of the DD Form 214/5 series. The forms herein are not intended for reproduction or use.

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.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) | | 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 <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. INITIAL ENTRY TRAINING | | | |
| i. 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. 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 | 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 (Specify state/locality) _____ 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 | |
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) | | b. DATE (YYYYMMDD) | |

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

MEMBER - 1

Adobe Professional 8.0

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.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) | | 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 <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 | | | |
| | | 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 | | | |
| 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. COMMISSIONED THROUGH SERVICE ACADEMY <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, year of commitment:) <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> |
| 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 (Specify state/locality) OFFICE OF VETERANS AFFAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) | | | b. DATE (YYYYMMDD) |

| 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, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

SERVICE - 2

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.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) | | 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: \$ <input type="checkbox"/> 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 | | | |
| | | 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 | | | |
| 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. 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 | 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION | | | YES | NO |
| 18. REMARKS | | | | | |
| <p>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.</p> | | | | | |
| 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 (Specify state/locality) | | | OFFICE OF VETERANS AFFAIRS | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) | | | YES | NO | |
| 21.a. MEMBER SIGNATURE | | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) | | b. DATE (YYYYMMDD) |

| SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) | |
|--|---|
| 23. TYPE OF SEPARATION | 24. CHARACTER OF SERVICE (Include upgrades) |
| 28. NARRATIVE REASON FOR SEPARATION | |
| 29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) | 30. MEMBER REQUESTS COPY 4 (Initials) |

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

VETERANS ADMINISTRATION - 3

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.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) | | 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 <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 | | | |
| | | 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 | | | |
| 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. 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, state of commitment:) | | 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 (Specify state/locality) | | | OFFICE OF VETERANS AFFAIRS | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) | | | YES | | |
| 21a. MEMBER SIGNATURE | | | b. DATE (YYYYMMDD) | 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) | |
| | | | | b. DATE (YYYYMMDD) | |

| 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, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

MEMBER - 4

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.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) | | 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 <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. INITIAL ENTRY TRAINING | | | |
| i. 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. 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 | 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 (Specify state/locality) | | | OFFICE OF VETERANS AFFAIRS | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) | | | YES | | |
| 21a. MEMBER SIGNATURE | | | b. DATE (YYYYMMDD) | 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) | |
| | | | | b. DATE (YYYYMMDD) | |

| SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) | |
|--|---|
| 23. TYPE OF SEPARATION | 24. CHARACTER OF SERVICE (Include upgrades) |
| 28. NARRATIVE REASON FOR SEPARATION | |
| 29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) | 30. MEMBER REQUESTS COPY 4 (Initials) |

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.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) | | 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 <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. INITIAL ENTRY TRAINING | | | |
| | | i. 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. 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, year of commitment:) | | | 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 (Specify state/locality) | | | OFFICE OF VETERANS AFFAIRS | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) | | | YES NO | | |
| 21a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) | | b. DATE (YYYYMMDD) | |

| SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) | |
|--|---|
| 23. TYPE OF SEPARATION | 24. CHARACTER OF SERVICE (Include upgrades) |
| 28. NARRATIVE REASON FOR SEPARATION | |
| 29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) | 30. MEMBER REQUESTS COPY 4 (Initials) |

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE. STATE DIRECTOR OF VETERANS AFFAIRS - 6

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| 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) |

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.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) | | 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: \$ <input type="checkbox"/> NONE | | |
| 11. PRIMARY SPECIALTY (List number, title and year 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. INITIAL ENTRY TRAINING | | | |
| i. 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. 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 | 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 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 (Specify state/locality) | | | OFFICE OF VETERANS AFFAIRS | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) | | | YES NO | | |
| 21a. MEMBER SIGNATURE | | b. DATE (YYYYMMDD) | 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) | | b. DATE (YYYYMMDD) |
| 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, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 8.0

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** *(Continuation Sheet)*

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| | | |
|--------------------------------------|-------------------------------------|---------------------------|
| 1. NAME <i>(Last, First, Middle)</i> | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NUMBER |
|--------------------------------------|-------------------------------------|---------------------------|

(Specify the item number of the block continued for each entry.)

S

A

M

P

L

E

| | | | |
|------------------------|-----------------------|--|-----------------------|
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN <i>(Typed name, grade, title, signature)</i> | b. DATE (YYYYMMDD) |
|------------------------|-----------------------|--|-----------------------|

DD FORM 214C, AUG 2009

MEMBER - 1
Adobe Professional 8.0

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** *(Continuation Sheet)*

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| | | |
|--------------------------------------|-------------------------------------|---------------------------|
| 1. NAME <i>(Last, First, Middle)</i> | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NUMBER |
|--------------------------------------|-------------------------------------|---------------------------|

(Specify the item number of the block continued for each entry.)

S

A

M

P

L

E

| | | | |
|------------------------|-----------------------|--|-----------------------|
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN <i>(Typed name, grade, title, signature)</i> | b. DATE (YYYYMMDD) |
|------------------------|-----------------------|--|-----------------------|

DD FORM 214C, AUG 2009

SERVICE - 2

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** *(Continuation Sheet)*

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| | | |
|--------------------------------------|-------------------------------------|---------------------------|
| 1. NAME <i>(Last, First, Middle)</i> | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NUMBER |
|--------------------------------------|-------------------------------------|---------------------------|

(Specify the item number of the block continued for each entry.)

S

A

M

P

L

E

| | | | |
|------------------------|-----------------------|--|-----------------------|
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN <i>(Typed name, grade, title, signature)</i> | b. DATE (YYYYMMDD) |
|------------------------|-----------------------|--|-----------------------|

DD FORM 214C, AUG 2009

VETERANS ADMINISTRATION - 3

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** *(Continuation Sheet)*

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| | | |
|--------------------------------------|-------------------------------------|---------------------------|
| 1. NAME <i>(Last, First, Middle)</i> | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NUMBER |
|--------------------------------------|-------------------------------------|---------------------------|

(Specify the item number of the block continued for each entry.)

S

A

M

P

L

E

| | | | |
|------------------------|-----------------------|--|-----------------------|
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN <i>(Typed name, grade, title, signature)</i> | b. DATE (YYYYMMDD) |
|------------------------|-----------------------|--|-----------------------|

DD FORM 214C, AUG 2009

MEMBER - 4

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** *(Continuation Sheet)*

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| | | |
|--------------------------------------|-------------------------------------|---------------------------|
| 1. NAME <i>(Last, First, Middle)</i> | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NUMBER |
|--------------------------------------|-------------------------------------|---------------------------|

(Specify the item number of the block continued for each entry.)

S

A

M

P

L

E

| | | | |
|------------------------|-----------------------|--|-----------------------|
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN <i>(Typed name, grade, title, signature)</i> | b. DATE (YYYYMMDD) |
|------------------------|-----------------------|--|-----------------------|

DD FORM 214C, AUG 2009

DEPARTMENT OF LABOR - 5

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** *(Continuation Sheet)*

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| | | |
|-------------------------------|-------------------------------------|---------------------------|
| 1. NAME (Last, First, Middle) | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NUMBER |
|-------------------------------|-------------------------------------|---------------------------|

(Specify the item number of the block continued for each entry.)

S

A

M

P

L

E

| | | | |
|------------------------|-----------------------|---|-----------------------|
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) | b. DATE (YYYYMMDD) |
|------------------------|-----------------------|---|-----------------------|

DD FORM 214C, AUG 2009

STATE DIRECTOR OF VETERANS AFFAIRS - 6

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** *(Continuation Sheet)*

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| | | |
|--------------------------------------|-------------------------------------|---------------------------|
| 1. NAME <i>(Last, First, Middle)</i> | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NUMBER |
|--------------------------------------|-------------------------------------|---------------------------|

(Specify the item number of the block continued for each entry.)

S

A

M

P

L

E

| | | | |
|------------------------|-----------------------|--|-----------------------|
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN <i>(Typed name, grade, title, signature)</i> | b. DATE (YYYYMMDD) |
|------------------------|-----------------------|--|-----------------------|

DD FORM 214C, AUG 2009

SERVICE - 7

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY** *(Continuation Sheet)*

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

| | | |
|--------------------------------------|-------------------------------------|---------------------------|
| 1. NAME <i>(Last, First, Middle)</i> | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NUMBER |
|--------------------------------------|-------------------------------------|---------------------------|

(Specify the item number of the block continued for each entry.)

S

A

M

P

L

E

| | | | |
|------------------------|-----------------------|--|-----------------------|
| 21.a. MEMBER SIGNATURE | b. DATE (YYYYMMDD) | 22.a. OFFICIAL AUTHORIZED TO SIGN <i>(Typed name, grade, title, signature)</i> | b. DATE (YYYYMMDD) |
|------------------------|-----------------------|--|-----------------------|

DD FORM 214C, AUG 2009

SERVICE - 8

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 This Report Contains Information Subject to the Privacy Act of 1974, As Amended. | | | | | | | | |
|--|---|-------------------------------------|----------|---|-----|----|-----|----|
| 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: _____ | | | | | | | |
| | <div style="text-align: center; font-size: 100px;">S A M P L E</div> | | | | | | | |
| 6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ OFFICE OF VETERANS AFFAIRS | | | | | | | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO | YES | NO |
| YES | NO | | | | | | | |
| YES | NO | | | | | | | |
| 7. DATE (YYYYMMDD) | 8. OFFICIAL AUTHORIZED TO SIGN | | | | | | | |
| | a. TYPED NAME (Last, First, Middle Initial) | b. GRADE | c. TITLE | d. SIGNATURE | | | | |

DD FORM 215, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

MEMBER - 1
Adobe Professional 8.0

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 This Report Contains Information Subject to the Privacy Act of 1974, As Amended. | | | | |
|--|---|-------------------------------------|--------------|---|
| 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: _____ | | | |
| | <div style="font-size: 100px; text-align: center;">S A M P L E</div> | | | |
| 6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ 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 |
| 7. DATE (YYYYMMDD) | 8. OFFICIAL AUTHORIZED TO SIGN | | | |
| | | c. TITLE | d. SIGNATURE | |

DD FORM 215, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

SERVICE - 2

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 This Report Contains Information Subject to the Privacy Act of 1974, As Amended. | | | | | |
|--|---|-------------------------------------|----------|---|----|
| 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: _____ | | | | |
| | <div style="font-size: 100px; text-align: center;">S A M P L E</div> | | | | |
| 6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ 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 |
| 7. DATE (YYYYMMDD) | 8. OFFICIAL AUTHORIZED TO SIGN | | | | |
| | a. TYPED NAME (Last, First, Middle Initial) | b. GRADE | c. TITLE | d. SIGNATURE | |

DD FORM 215, AUG 2009

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 This Report Contains Information Subject to the Privacy Act of 1974, As Amended. | | | | | | |
|--|---|-------------------------------------|----------|---|-----|----|
| 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: _____ | | | | | |
| | <div style="font-size: 100px; text-align: center;">S A M P L E</div> | | | | | |
| 6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ OFFICE OF VETERANS AFFAIRS | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO |
| YES | NO | | | | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td>YES</td> <td>NO</td> </tr> </table> | | | | | YES | NO |
| YES | NO | | | | | |
| 7. DATE (YYYYMMDD) | 8. OFFICIAL AUTHORIZED TO SIGN | | | | | |
| | a. TYPED NAME (Last, First, Middle Initial) | b. GRADE | c. TITLE | d. SIGNATURE | | |

DD FORM 215, AUG 2009

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 This Report Contains Information Subject to the Privacy Act of 1974, As Amended. | | | | |
|--|---|-------------------------------------|----------|---|
| 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: _____ | | | |
| | <div style="text-align: center; font-size: 4em; font-family: serif;"> S A M P L E </div> | | | |
| 6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ OFFICE OF VETERANS AFFAIRS | | | | |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) | | | | |
| 7. DATE (YYYYMMDD) | | | | |
| 8. OFFICIAL AUTHORIZED TO SIGN | | | | |
| a. TYPED NAME (Last, First, Middle Initial) | | b. GRADE | c. TITLE | d. SIGNATURE |

DD FORM 215, AUG 2009

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 This Report Contains Information Subject to the Privacy Act of 1974, As Amended. | | | | | |
|--|---|-------------------------------------|----------|---|----|
| 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: _____ | | | | |
| | <div style="font-size: 100px; text-align: center;">S A M P L E</div> | | | | |
| 6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ 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 |
| 7. DATE (YYYYMMDD) | 8. OFFICIAL AUTHORIZED TO SIGN | | | | |
| | a. TYPED NAME (Last, First, Middle Initial) | b. GRADE | c. TITLE | d. SIGNATURE | |

DD FORM 215, AUG 2009

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 This Report Contains Information Subject to the Privacy Act of 1974, As Amended. | | | | |
|--|---|-------------------------------------|----------|---|
| 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: _____ | | | |
| | <div style="text-align: center; font-size: 4em; font-family: serif;"> S A M P L E </div> | | | |
| 6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ 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 |
| 7. DATE (YYYYMMDD) | 8. OFFICIAL AUTHORIZED TO SIGN | | | |
| | a. TYPED NAME (Last, First, Middle Initial) | b. GRADE | c. TITLE | d. SIGNATURE |

DD FORM 215, AUG 2009

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 This Report Contains Information Subject to the Privacy Act of 1974, As Amended. | | | | | |
|--|---|-------------------------------------|----------|---|----|
| 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: _____ | | | | |
| | <div style="text-align: center; font-size: 100px; font-family: serif;"> S A M P L E </div> | | | | |
| 6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ 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 |
| 7. DATE (YYYYMMDD) | 8. OFFICIAL AUTHORIZED TO SIGN | | | | |
| | a. TYPED NAME (Last, First, Middle Initial) | b. GRADE | c. TITLE | d. SIGNATURE | |

DD FORM 215, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

SERVICE - 8

ENCLOSURE 5

PROCEDURES FOR ELECTRONIC DD FORM 214 DATA REPORTING

1. The Military Services will:

- a. Coordinate with DMDC on reporting requirements and technical details to include data content, format, and mechanics for data discrepancy resolution.
- b. Report electronic DD Form 214 data to DMDC within 1 day of certification by the Military Service but not later than 1 day after separation when a DD Form 214 is required. The electronic DD Form 214 data must not deviate from the imaged DD Form 214 retained in the OMPF and information contained within the DD Form 214 must not deviate from the electronic DD Form 214 data. The DD Form 214 must contain all available data for the data elements listed in the Table.
- c. Certify the DD Form 214 with a digital signature (for example, a common access card) and serialize the associated electronic DD Form 214 data for unique identification.
- d. Reissue a DD Form 214 to make corrections to any previously issued DD Form 214 and report the associated electronic DD Form 214 data, with serial number, to DMDC within 1 business day of reissuance. The reissued electronic DD Form 214 data must not deviate from the imaged reissued DD Form 214 retained in the OMPF.
- e. Ensure corrections made to DD Form 214 are reported to DMDC electronically. Corrections and changes required for DD Forms 214 issued after January 1, 2015, will not be made to the form or an image of the form. Any alterations or changes made to the form or image of the form render the DD Form 214 void. Changes made by using a DD Form 215 will be reported to DMDC.
- f. Resolve any discrepancy identified by DMDC between the electronic DD Form 214 data and previously reported common personnel data system transactions for the same period of service in a manner prescribed by the Secretary concerned.

2. DMDC will:

- a. Notify the respective Military Service of an identified discrepancy between the electronic DD Form 214 data and reported common personnel data system transactions.
- b. Establish a notification process with each Military Service specifying the procedures for detailed notification to the Service concerned.

Table. Electronic DD Form 214 Data Reporting

| Data items 1-38 are currently being reported to DMDC; data items 39-43 are new requirements for reporting, effective the date of Change 1. | |
|---|--|
| DATA ITEM | |
| 1. Person Name | |
| a. Person Surname Text | |
| b. Person Forename Text | |
| c. Person Middle Name Text | |
| 2. Uniformed Service Branch Classification Code | |
| 3. Uniformed Service Organization Component Code | |
| 4. Person Social Security Number Identifier | |
| 5. Uniformed Service Rank Code | |
| 6. Pay Grade, Uniformed Services | |
| 7. Person Birth Calendar Date | |
| 8. Reserve Obligation Termination Date | |
| 9. Place of Entry Into Active Duty | |
| a. Postal Region City Place Name | |
| b. U.S. State Alpha Code | |
| c. ZIP Code | |
| 10. Home of Record at Time of Entry | |
| a. Home of Record Postal Region City Place Name | |
| b. Home of Record U.S. State Alpha Code | |
| c. Home of Record ZIP Code | |
| 11. Last Duty Assignment and Major Command | |
| 12. Station Where Separated | |
| 13. Command to Which Transferred | |
| 14. Servicemembers' Group Life Insurance Coverage Amount (Amount elected on the SGLV Form 8286, "Service members' Group Life Insurance Election and Certificate") | |
| 15. Service Occupation Code Primary | |
| a. Primary Specialty Number | |
| b. Primary Specialty Title | |
| c. Years and Months in Primary Specialty | |
| 16. Record of Service | |
| a. Date Entered Active Duty 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 Pay Grade | |

Table. Electronic DD Form 214 Data Reporting, continued

| |
|---|
| Data items 1-38 are currently being reported to DMDC; data items 39-43 are new requirements for reporting, effective the date of Change 1. |
| DATA ITEM |
| 17. Decorations Medals Badges Citations and Campaign Ribbons Awarded or Authorized, Area of Operations (if available) for Campaign and Expeditionary Awards |
| 18. Military Education |
| a. Title |
| b. Number of Weeks |
| c. Month and Year Completed |
| 19. Commissioned Through Service Academy |
| 20. Commissioned Through ROTC Scholarship |
| 21. Enlisted Under Loan Repayment Program |
| a. Years of Commitment |
| 22. Days Accrued Leave |
| 23. Dental Exam Completed 90 Days Prior To Separation |
| 24. Remarks |
| 25. Mailing Address After Separation (include ZIP Code) |
| 26. Nearest Relative (Name and address – include ZIP Code) |
| 27. Member Requests Sharing Data With State Office of Veterans Affairs |
| 28. Member Requests Sharing Data With Central Office of VA |
| 29. Member Signature |
| a. Signature Block Text |
| b. DoD Electronic Data Interchange Person Identification |
| c. Signature Date |
| 30. Authorized Official Signature |
| a. Name |
| b. Grade |
| c. Title |
| d. Signature Date |
| 31. Separation Type |
| 32. Character of Service |
| 33. Separation Authority |
| 34. Separation Code |
| 35. Reentry Code |
| 36. Separation Reason Narrative |
| 37. Dates of Lost Time During This Period |
| 38. Member Requests Copy 4 |
| 39. First Full Term of Service Completed |
| 40. Personal E-mail Address (Members Option) |
| 41. Personal Phone Number (Members Option) |
| 42. Transaction Code |
| 43. Serial Number |

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

| | |
|-----------|---|
| ASD(M&RA) | Assistant Secretary of Defense for Manpower and Reserve Affairs |
| DMDC | Defense Manpower Data Center |
| DoDI | DoD instruction |
| DOL | Department of Labor |
| OMPF | official military personnel file |
| SPD | separation program designator |
| VA | Department of Veterans Affairs |

PART II. DEFINITIONS

These terms and definitions are for the purposes of this instruction.

common access card. “Smart” identification card for active-duty military personnel, Selected Reserve, DoD civilian employees, and eligible contractor personnel.

DD Form 214/5 series. This series includes DD Form 214, DD Form 214C, DD Form 214WS, and DD Form 215.

foreign service. Service performed outside the 50 United States or its Commonwealths and territories (American Samoa, Northern Marianas Islands, Guam, Puerto Rico, and U.S. Virgin islands).

initial entry training. In accordance with section 3301 of Public Law 110-252 (Reference (q)), includes Basic Combat Training and Advanced Individual Training (Army); Recruit Training and Skill Training (or ‘A’ School) (Navy); Basic Military Training and Technical Training (Air Force); Recruit Training and Marine Corps Training (or School of Infantry Training) (Marine Corps); and Basic Training (Coast Guard). This service time is captured in Block 12h of the DD Form 214.

OMPF. A collection of information that permanently documents a Service member’s career in the military. The OMPF contains documentation pertaining to the accession, training, education, assignment, performance, discipline, decorations, casualty, and separation of the Service member.

sea service. The sum of all sea duty periods, as defined by section 305a of Title 37, United States Code (Reference (r)), minus the number of days lost that occurred during each sea duty period. This service time is captured in Block 12g of the DD Form 214.

serial number. A unique identifier for an electronic record of active service that enables version control. The serial number is comprised of Service Code, Date of Separation, 5-byte number, 1-byte version. Service Code is the standard service code used at DMDC; Date of Separation is the date of separation, and this will not change if the initial date of separation is changed; 5-byte number is incremented by one for each electronic record of active service issued by a service on that date (from 00001-99999, starts over each date); and the version is the version of the electronic record of active service (0 is initial version, each subsequent version will be incremented by 1 up to 9 followed by A-Z should more than 10 versions be issued). Hyphen separator precedes version number. Format: A2014060100125-0.

Servicemembers' Group Life Insurance Coverage. A program that provides low-cost term life insurance coverage to eligible Service members.

SPD Code. A code that lists the conditions under which a Service member is discharged from military service.

special additional instructions. Blocks 23 through 30 of the DD Form 214 which contains separation type, character of service, separation authority, separation code, reentry code, narrative reason for separation, dates of lost time (as defined by Reference (o)), and member election to receive Copy 4 of the DD Form 214.

transaction code. A 1-character value (A - Add and C - Cancel). The transaction code is used in conjunction with the serial number. Transaction code A indicates a new or reissued document. The serial number associated with an Add transaction identifies the most current document in that series. Transaction code C indicates that the separation data associated with all documents in that series are not to be distributed to stakeholders.