NATIONAL GUARD REPORT OF SEPARATION AND RECORD OF SERVICE

The proponent agency is ARNG-HRH. The prescribing directive is NGR 600-200.

PRIVACY ACT STATEMENT

1. *AUTHORITY: Title 10 USC 12101 and 12103, Title 32 USC 301 and 304, and Executive Order 9397.*
2. *PURPOSE: Official discharge document, which records the National Guard member's (ARNG & ANG) service in the National Guard. The original and one copy will be provided to the soldier. A copy will be maintained by the MILPO for state records. For organizational use only.*
3. *ROUTINE USES: None.*
4. *DISCLOSURE: Voluntary; However, failure to provide Service Number may result in a delayed or erroneous processing of NGB Form 22A.*

Report of separation and record of service in the _____ National Guard of State and as a Reserve of the _____

1. LAST NAME- FIRST NAME- MIDDLE NAME	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER

4. DATE OF ENLISTMENT	5a. RANK	5b. PAY GRADE	6. DATE OF RANK	7. DATE OF BIRTH

8a. STATION OR INSTALLATION AT WHICH EFFECTED	8b. EFFECTIVE DATE

9. COMMAND TO WHICH TRANSFERRED

11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION

12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed)

10. RECORD OF SERVICE	YEARS	MONTHS	DAYS
(a) NET SERVICE THIS PERIOD	6	0	0
(b) PRIOR RESERVE COMPONENT SERVICE			
(c) PRIOR ACTIVE FEDERAL SERVICE			
(d) TOTAL SERVICE FOR PAY			
(e) TOTAL SERVICE FOR RETIRED PAY	6	0	0

13. PRIMARY SPECIALTY NUMBER , TITLE AND DATE AWARDED
(Additional specialty numbers and titles)

14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED

SECONDARY/HIGH SCHOOL ____ YRS (Gr 1-12)

COLLEGE ____ YRS

16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE

☐ YES ☐ NO AMT

17. PERSONNEL SECURITY INVESTIGATION

a. TYPE b. INVESTIGATION

15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD
(State Awards may be included)

Minimum of 6 years in block 10.

18. REMARKS

19. MAILING ADDRESS AFTER SEPARATION (Street, City, County, State, and Zip Code)

20. SIGNATURE OF PERSON BEING SEPARATED

Click to sign

21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER

22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

Click to sign

23. AUTHORITY AND REASON

24. CHARACTER OF SERVICE	25. TYPE OF CERTIFICATE USED	26. REENLISTMENT ELIGIBILITY
Must be Honorable		

27. ☐ REQUEST ☐ DECLINE COPIES OF MY NGB FORM 22 INITIALS