

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 _____ and as a Reserve of the _____

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|--|----------|---|--------------------------------------|---|-----------|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME | | 2. DEPARTMENT, COMPONENT AND BRANCH | | 3. SOCIAL SECURITY NUMBER | |
| 4. DATE OF ENLISTMENT/APPOINTMENT | 5a. RANK | 5b. PAY GRADE | 6. DATE OF RANK | 7. DATE OF BIRTH | |
| 8a. STATION OR INSTALLATION AT WHICH AFFECTED | | | | 8b. EFFECTIVE DATE | |
| 9. COMMAND TO WHICH TRANSFERRED | | 10. RECORD OF SERVICE | | YEARS | MONTHS |
| | | (a) Net service this period | | | |
| | | (b) Prior reserve component service | | | |
| | | (c) Prior active federal service | | | |
| | | (d) Total service for pay | | | |
| 11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION | | (e) Total service for retired pay | | | |
| 12. MILITARY EDUCATION (Course title, number of weeks, month and year completed) | | 13. PRIMARY SPECIALTY NUMBER, TITLE AND DATE AWARDED (Additional specialty numbers and titles) | | | |
| 14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED Secondary/High School _____ YRS (Gr 1-12) College _____ YRS | | 15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD. (State awards may be included) | | | |
| 16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO AMT _____ | | | | | |
| 17. PERSONNEL SECURITY INVESTIGATION a. Type _____ b. Investigation _____ | | | | | |
| 18. REMARKS | | | | | |
| 19. MAILING ADDRESS AFTER SEPARATION (Street, City, County, State and Zip Code) | | | | 20. SIGNATURE OF PERSON BEING SEPARATED | |
| 21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER | | | 22a. SIGNATURE OF AUTHORIZED TO SIGN | | 22b. DATE |
| 23. AUTHORITY AND REASON | | | | | |
| 24. CHARACTER OF SERVICE | | 25. TYPE OF CERTIFICATE USED | | 26. REENLISTMENT ELIGIBILITY | |
| <input type="checkbox"/> REQUEST | | <input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22 | | <input type="checkbox"/> SOLDIER NOT AVAILABLE FOR SIGNATURE INITIALS _____ | |