

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 **Select 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	10. RECORD OF SERVICE	YEARS	MONTHS	DAYS
	(a) NET SERVICE THIS PERIOD			
	(b) PRIOR RESERVE COMPONENT SERVICE			
	(c) PRIOR ACTIVE FEDERAL SERVICE			
	(d) TOTAL SERVICE FOR PAY			
11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION	(e) TOTAL SERVICE FOR RETIRED PAY			

12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed)	13. PRIMARY SPECIALTY NUMBER, TITLE AND DATE AWARDED <small>(Additional specialty numbers and titles)</small>

14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED	15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD <small>(State Awards may be included)</small>
SECONDARY/HIGH SCHOOL <input type="text"/> YRS (Gr 1-12)	
COLLEGE <input type="text"/> YRS	

16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE
<input type="checkbox"/> YES <input type="checkbox"/> NO AMT <input type="text"/>

17. PERSONNEL SECURITY INVESTIGATION
a. TYPE <input type="text"/> b. INVESTIGATION <input type="text"/>

18. REMARKS

19. MAILING ADDRESS AFTER SEPARATION (Street, City, County, State, and Zip Code)	20. SIGNATURE OF PERSON BEING SEPARATED
	<input type="text" value="Click to sign"/>

21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
	<input type="text" value="Click to sign"/>

23. AUTHORITY AND REASON

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

27. <input type="checkbox"/> REQUEST	<input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22	INITIALS <input style="width: 50px;" type="text"/>
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