

REQUEST FOR CONDITIONAL RELEASE

(Read Privacy Act Statement and Instructions on back before completing this form.)

SECTION I - REQUEST FOR RELEASE

1. SERVICE MEMBER DATA

a. NAME (Last, First, Middle Initial)	b. PAY GRADE	c. SSN	d. SERVICE COMPONENT	
e. CURRENT UNIT/ COMMAND	f. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE

2. RECRUITING OFFICE ADDRESS

a. STREET	b. CITY	c. STATE	d. ZIP CODE
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3. ACKNOWLEDGEMENT OF SERVICE MEMBER

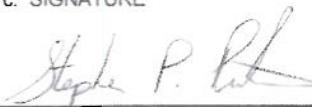
a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ (losing component); request that it be accepted contingent upon actual appointment or enlistment in the _____ (gaining component), and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED
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4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the _____ (Service/Component).			
b. NAME OF RECRUITER (Last, First, Middle Initial) Pinkerton, Stephen P.	c. SIGNATURE 	d. DATE SIGNED	
e. TITLE Officer Selection Officer			

SECTION II - APPROVAL/DISAPPROVAL

5. (X as applicable)

<input checked="" type="checkbox"/> a. APPROVED. Individual is recommended and conditional release is granted. The release is valid <input checked="" type="checkbox"/> for physical/ASVAB only.
<input type="checkbox"/> b. DISAPPROVED. Release is not granted. (Explain in "Remarks.")

6. AUTHORIZING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. TITLE			
c. TELEPHONE NUMBER (Include area code)	d. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
e. SIGNATURE	f. DATE SIGNED			

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into _____
THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. TITLE	c. UNIT/COMMAND		
d. TELEPHONE NUMBER (Include area code)	e. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
f. SIGNATURE	g. DATE SIGNED			