

INFORMATION SHEET

Please turn in to Transition center with UQR packet

Name (Last, First, Full Middle) (Please include suffix if you have one. i.e. Jr, Sr, I, II, III)

SSN

RANK

Separation Date: _____ Transition Leave Date: _____

Duty Phone Number: _____ Cell: _____

IF YOU WOULD LIKE A TEXT MESSAGE WHEN ORDERS ARE CUT PLEASE SELECT OR TYPE YOUR PROVIDER

Military Email Address (@mail.mil only): _____

Address After Separation

Nearest Relative Name Street address City, State Zip Code

Home of Record Street Address City, State Zip Code

Source of Commission: Service Academy ROTC Scholarship Other

YES or NO

Dual Military Spouse?

Dependents Responsible To Move?

Prior Military Service?

FOR OFFICE USE ONLY

+++++

APPROVAL MEMO _____

DD Form 214 Final Out By:
