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 or EDIPI	d. SERVICE COMPONENT
			USAR

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

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 USAR *(current component);* request that it be accepted contingent upon actual appointment or enlistment in the ARNG *(requesting 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

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the ARNG *(Service/Component).*

b. NAME OF RECRUITER *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED
e. TITLE		

SECTION II - APPROVAL/DISAPPROVAL

5. *(X as applicable)*

☐ a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____ .

☐ 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

SECTION IV - REMARKS

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 261, 516, 651, 716, 3013, 5013, 8013, 12104, 12105, 12106, 12107, 12208, 12213, 12214, and 12645; 32 U.S.C. Section 323; and DoD Instruction 1205.05, Transfer of Service Members Between Reserve and Regular Components of the Military Services.

PRINCIPAL PURPOSE(S): To document coordination and concurrence of one Military Service for discharge and accession to another Military Service.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in delay or denial of release from current Military Service.

INSTRUCTIONS

GENERAL INSTRUCTIONS.

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

SECTION I. Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number or Electronic Data Interchange Personal Identifier, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the adddress in Item 1.e.

SECTION II. Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

SECTION III. Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

SECTION IV - REMARKS.

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason: .....")

Reset