



<b>FROM: NAME</b> ( <i>Last, first, middle</i> )	<b>SOCIAL SECURITY NUMBER</b>	<b>RANK/RATE</b>	<b>BRANCH OF SERVICE</b>
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**CONFINED OR STATIONED AT**

<b>TO:</b> Naval Clemency and Parole Board	<b>DATE</b>
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1. I hereby waive my right to departmental-level clemency review by the Naval Clemency and Parole Board.
2. I understand that:
  - a. My case will not be reviewed administratively for remission, mitigation, or suspension of the unexecuted parts of my sentence.
  - b. If my sentence includes an unsuspended punitive discharge/dismissal:
    - (1) The discharge/dismissal will not be under honorable conditions.
    - (2) I may forfeit all rights as a veteran.
    - (3) I may not reenlist without special permission (enlisted members only).
    - (4) I may expect to encounter substantial prejudice in civilian life.
    - (5) This waiver will remain part of my permanent service record.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CERTIFIED:**

I certify that the above-named individual signed this Waiver in my presence, and that his right to request clemency and the effect of this Waiver have been fully explained to him. (To be certified by a commissioned officer.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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**DISTRIBUTION:** Original: Naval Clemency and Parole Board  
Copy To: Officer exercising general court-martial jurisdiction  
Service Record  
Confinement Record