

REQUEST FOR WAIVER*(For use of this form see NGR 600-200. The proponent is NGB-ARZ-HRP-E)*

TO:		FROM:		DATE:
1. NAME (Last - First - MI):		2. SSN:	3. MTOE/TDA, PARA/LINE NO. MOS:	
4. DISQUALIFICATION(s):	5. PARAGRAPH:	6. AUTHORITY:		
7. RECOMMENDATION:				
PRIOR SERVICE DATE				
IF THE APPLICANT HAS EVER BEEN IN A REGULAR OR RESERVE COMPONENT OF THE ARMED SERVICE OR THE NATIONAL GUARD OF THE UNITED STATES, COMPLETE THE FOLLOWING:				
8. LAST RELEASE OR DISCHARGE:				
a. TYPE RELEASE OR DISCHARGE <input type="checkbox"/> HONORABLE <input type="checkbox"/> OTHER (Specify) _____		b. DATE:	c. RE CODE:	d. SPD:
e. AUTHORITY				
f. PAY GRADE/SVC NO.:	g. SERVICE/COMPONENT:		h. DATE OF ENTRY:	i. DATE DISCHARGED
9. CHARACTER OF SERVICE				
a. ARTICLE 15 AND/OR COURT MARTIAL DURING ALL PERIODS OF PRIOR SERVICE:				
TYPE:	DATE:	OFFENSE:		DISPOSITION:
b. TIME LOST DURING LAST PERIOD OF SERVICE:				
INCLUSIVE DATES:		NUMBER OF DAYS:	REASON:	
c. PROMOTION AND REDUCTION DURING LAST PERIOD OF SERVICE:				
DATE:	REASON:		AUTHORITY:	GRADES:
REQUESTING OFFICER:			SIGNATURE AND DATE:	

ACCOMPANYING DOCUMENTS: *(List enclosures & endorsements)*

- | | |
|-----------------------------------|---|
| 1. LTR, REQUEST FOR WAIVER | 6. STATEMENT FORM APPLICANT |
| 2. DD FORM 1966 | 7. REFERENCE LETTERS |
| 3. SF 88 AND SF 93 | 8. RETIREMENT POINTS (SOS |
| 4. MEDICAL/PSYCHIATRIC EVALUATION | 9. DOCUMENTS IAW TABLE 2-10 AND 2-12, NGR 600-200 |
| 5. ALL PRIOR SERVICE DOCUMENTS | 10. OTHER (<i>SPECIFY</i>) _____ |

CONTINUATION FROM PREVIOUS ITEMS (If needed):