

**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 <i>(Last, First, Middle Initial)</i>		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 <i>(Last, First, Middle Initial)</i>	c. SIGNATURE	d. DATE SIGNED
e. TITLE		

**SECTION II - APPROVAL/DISAPPROVAL****5. *(X as applicable)***

<input type="checkbox"/>	a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____.
<input type="checkbox"/>	b. DISAPPROVED. Release is not granted. <i>(Explain in "Remarks.")</i>

**6. AUTHORIZING OFFICIAL**

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

**SECTION IV - REMARKS****PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Sec 261, 269, 271, 512, 516, 595, 651, 716, 1005, 3013, 8013, 12105, 12106, 12107, and 12213; Title 32 USC Sec 323 and Title 50 USC App 454.

**PRINCIPAL PURPOSE(S):** To obtain clearance from component and discharge upon entry into another component of the Military Services.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to furnish information will result in delay or denial of release from component.

**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, 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 address 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: .....")