

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

<b>TO:</b>		<b>FROM:</b>		<b>DATE:</b>	
1. NAME (Last - First - MI):		2. SSN:		3. MTOE/TDA, PARA/LINE NO. MOS:	
4. DISQUALIFICATION(s):		5. PARAGRAPH:		6. AUTHORITY:	
7. RECOMMENDATION:					
<b>PRIOR SERVICE DATE</b>					
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)*

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|-----------------------------------|---|
| 1. LTR, REQUEST FOR WAIVER        | 6. STATEMENT FROM 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> ) _____                |

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CONTINUATION FROM PREVIOUS ITEMS (If needed):