

DD FORM 214 WORKSHEET**PRIVACY ACT NOTIFICATION**

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NAVCUITDIST (Officer Programs)	PHONE NUMBER	DATE
NAME: (LAST NAME, FIRST NAME, MIDDLE NAME)	GRADE, RANK, OR RATE	
PAYGRADE IN WHICH SEPARATED	DATE OF BIRTH	
TYPE OF SEPARATION DISCHARGED AND REAPPOINTED IN NAVAL RESERVE TO ACCEPT COMMISSION IN SAME BRANCH OF SERVICE PER MILPERSMAN 1910-102.		
PERMANENT ADDRESS UPON SEPARATION		
STREET		CITY
STATE	ZIP	PHONE
COUNTY		
NEXT OF KIN ADDRESS		
NAME		RELATIONSHIP
STREET		CITY
STATE	ZIP	PHONE
COUNTY		
AWARDS		
FORMAL IN-SERVICE TRAINING COURSES SUCCESFULLY COMPLETED DURING THIS PERIOD DURATION OF ONE WEEK OR MORE		
COURSE TITLE	NUMBER WEEKS	MONTH/YEAR COMPLETED