

**NORTH IDAHO MILITIA
Separation Record**

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NAME (Last, First, Middle) : _____

Date of Birth (MM/DD/YYYY): _____ **Unit :** _____

SEPARATION INFORMATION

Separation Unit : _____ **Separation Rank :** _____

Separation Type :

___ **Bad Conduct** ___ **Dishonorable** ___ **Honorable** ___ **Medical** ___ **General**

Reason for Separation : _____

Unit Officer Comments on Separation (if any):

Effective Separation Date : _____

I, the undersigned, do hereby certify that the above is true in as far as I am aware.

Soldier's Signature : _____ **Date :** _____

Unit Officer's Signature : _____ **Date :** _____