

**NORTH IDAHO MILITIA  
Separation Record**

**NAME (Last, First, Middle) :** \_\_\_\_\_

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

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**SEPARATION INFORMATION**

**Separation Unit :** \_\_\_\_\_ **Separation Rank :** \_\_\_\_\_

**Separation Type :**

\_\_\_ **Bad Conduct** \_\_\_ **Dishonorable** \_\_\_ **Honorable** \_\_\_ **Medical** \_\_\_ **General**

**Reason for Separation :** \_\_\_\_\_

**Unit Officer Comments on Separation (if any):**

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**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 :** \_\_\_\_\_