

**CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER <small>(Also, Service Number if applicable)</small>
4. MAILING ADDRESS (include ZIP Code)		

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:

ITEM NO.	CORRECTED TO READ

6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ OFFICE OF VETERANS AFFAIRS	YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)	YES	NO
7. DATE (YYYYMMDD)	b. OFFICIAL AUTHORIZED TO SIGN	
	a. TYPED NAME (Last, First, Middle Initial)	b. GRADE
	c. TITLE	d. SIGNATURE