

Out-Processing (DEMOB, ETS)

1. Old CAC (if CAC is lost, memo from PMO statement plus two forms of valid ID).
2. Final DD 214, Copy #4 (no worksheet)
3. REFRAD or separation order.
4. Clearance paper or out-processing checklist.

If qualified for a TA-180 or IRR ID card you must provide:

1. Two forms of ID (because of the change of status, your CAC would not be considered a valid form of ID)
 - a. **Primary form of ID must be a photo ID:** driver's license (not expired), state ID (not expired) or passport (not expired).
 - b. **Secondary form of ID:** Social Security card or birth certificate (must match names with RAPIDS information as well as the provided photo ID).

CAUTION: NOT TO BE USED FOR DISCIPLINARY PURPOSES THIS IS AN IMPORTANT RECORD. ANY VIOLATIONS IN REGARDS WOULD BE REPORTED TO THE MEMBER FORMER PMO.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

The most current information reflects the history of a USMC member.

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER	
4. PAY GRADE	5. DATE OF SEPARATION	6. REGULAR OR CASUAL TERMINATION DATE		7. PAYMENT	
8. PLACE OF ENTRY INTO ACTIVE DUTY		9. HOME OF RECORD AT TIME OF ENTRY (City, State or Country and Zip Code)			
10. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		11. STATION WHERE SEPARATED			
12. COMMAND TO WHICH TRANSFERRED		13. MIL COVERAGE - HOME ADDRESS			
14. PRIMARY SPECIALTY (For contract, hire and non-hire members of the Army, Air Force, and Marine Corps, this is the primary specialty of the member.)		15. RECORDS OF SERVICE			
		15a. RECALL TO THIS SERVICE 15b. RECALL TO THIS BRANCH 15c. RECALL TO THIS GRADE 15d. RECALL TO THIS PAY GRADE 15e. RECALL TO THIS STATION 15f. RECALL TO THIS COMPONENT 15g. RECALL TO THIS BRANCH 15h. RECALL TO THIS GRADE 15i. RECALL TO THIS STATION 15j. RECALL TO THIS COMPONENT			
16. OCCASIONAL, SPECIAL, SPECIAL DUTY AND CAMP COMMAND AWARDS OR AUTHORITY (List all awards)		17. RECALL TO THIS GRADE (List all awards)			
18. COMMENCED THROUGH SERVICE ACADEMY		19. COMMENCED THROUGH ROTARY PROGRAM			
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INSTALLATION CLEARANCE RECORD

For use of this form, see AR 612-8-101, the proponent agency is DCS, G-1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Section 501, Title 5, USC.
 PRINCIPAL PURPOSE: To ensure Soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.
 ROUTINE USES: To check out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the Soldier's transition from active duty, separation or retirement. Errors will not be disclosed outside the Department of Defense (DoD) and DoD sponsored agencies. Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.
 DISCLOSURE:
 INSTRUCTIONS TO THE SOLDIER: This out-processing packet is designed to assist you and the installation in completing your clearance as accurately and expeditiously as possible. It is your responsibility to complete this checklist promptly. If you are separating or retiring from the Active Army, please to complete this checklist promptly and accurately, and identify all missing or partial of your final pay pending verification by DFAS of any outstanding debts. Actions marked with an @ require clearance for all Soldiers separating or retiring from the Active Army, including AGS personnel. Actions marked with an asterisk (*) require clearance for Soldiers separating on PCS. Actions not marked will be cleared per installation instructions. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed. Provide any additional information in Remarks, block 16.

1. NAME		2. GRADE		3. ORDERS NO.	
4. GAINING UNIT		5. LOSSING UNIT		6. DATE OF ORDERS (YYYYMMDD)	
7. REASON FOR CLEARING		8. OTHER (Specify)		9. SEPARATION DATE (YYYYMMDD)	
<input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (Specify)		SECTION B - INSTALLATION STANDARD CLEARANCES			
<small>(All signatures are required prior to reporting to the processing control station (PCS) for final clearance. Obtaining these required signatures will cause a delay in your final clearance.)</small>					
10. INSTALLATION ACTIVITY		11. YES	11. NO	12. NAME (Last, First, Middle)	13. SIGNATURE
a. Personnel Information Station @*		<input type="checkbox"/>	<input type="checkbox"/>		
b. Personnel Management Station @*		<input type="checkbox"/>	<input type="checkbox"/>		
c. Medical Facility @* (PDHRA (DD Form 2905))		<input type="checkbox"/>	<input type="checkbox"/>		
d. SDCARE Service Center Health Benefits Advisor or Medical Evacuation Equipment @*		<input type="checkbox"/>	<input type="checkbox"/>		
e. Dental Facility @*		<input type="checkbox"/>	<input type="checkbox"/>		
f. SERGS/RAPIDS/IC Cards and Tags @*		<input type="checkbox"/>	<input type="checkbox"/>		
g. Transportation Office @*		<input type="checkbox"/>	<input type="checkbox"/>		
h. Central Issue Facility @*		<input type="checkbox"/>	<input type="checkbox"/>		
i. Education Center @*		<input type="checkbox"/>	<input type="checkbox"/>		
j. Army Emergency Relief @*		<input type="checkbox"/>	<input type="checkbox"/>		
k. Fuel Exchange @*		<input type="checkbox"/>	<input type="checkbox"/>		

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