



Acknowledgement

1. I hereby request:

Check One: Separation/Discharge Retirement

From the New York Naval Militia.

2. I understand that, if approved for retirement, I will be placed on the State Retired List.

3. I further understand that separation or retirement from the New York Naval Militia will prevent me from receiving any further benefits from the New York Naval Militia, to include State Active Duty, non-pay orders, tuition benefits, toll passes, identification cards.

4. (If applicable) I have (or will) separate or retire from my federal reserve component effective this date: ____/____/____.

1a. Last Name	1b. First Name	1c. MI	1d. Date of Birth (DD MMM YYYY)	1e. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
1f. Home Address (mailing address)	1g. City	1h. State	1i. Zip Code + 4	1j. SSN
1k. Home Phone ()	1l. Work Phone ()		1m. Cell Phone ()	
1n. Primary Email Address @		1o. Secondary Email Address @		
2a. Reserve Center Name	2b. Reserve Unit Name	2c. Normal Drill Location		

I do here by acknowledge the above criteria for separation/discharge or retirement.

Signature of Member

Sworn and subscribed before me. This member has been discharged.

PRINT name of NYNM Certifying Officer

Signature of Certifying Officer

For Official Use Only

*New York State Long and Faithful Award Information
Ref: DMNA Reg 672-1*

Member is eligible for the following Long and Faithful Award _____ Years

Member is separated in the rank of _____