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| DEPARTMENT OF HOMELAND SECURITYU.S. COAST GUARD**ADMINISTRATIVE REMARKS** |
| **PRIVACY ACT STATEMENT**Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.**AUTHORITY**: 14 U.S.C. § 505**PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.**ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. |
| Entry Type: Separation (SEP-24), Montgomery GI Bill (MGIB) Pre-Separation Counseling Reference: COMDTINST 1760.9 (series)Responsible Level: UnitEntry: DDMMMYYYY: Member received pre-separation counseling on the Montgomery G.I. Bill (MGIB) this date in accordance with COMDTINST 1760.9 (series). The following items were covered in the counseling:A. The benefits of the MGIB, the procedures for applying for such benefits and the advantages of affiliating with the selected reserves, if initial active duty is less than three years.B. The consequences of requesting early separation from the Coast Guard prior to meeting the minimum requirements to be eligible for MGIB benefits.C. The opportunity to enroll into the MGIB program if being involuntarily separated. D. The procedures for converting to the MGIB program for VEAP, if being involuntarily separated.In addition, member has been provided copies of enclosures (1) through (3) of COMDTINST 1760.9 (series) A.B.SEA, YNCM, USCGBy DirectionCGD FOURTEEN (SPO), Honolulu, HIDDMMMYYYY: I acknowledge the above entry.Signature of Member |
| 1. NAME OF PERMANENT UNIT

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| 1. NAME OF MEMBER (Last, First, MI)

      | 1. EMPLOYEE ID NUMBER

      | 1. GRADE/RATE

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Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

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