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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-25) Undergoing Medical Treatment or Hospitalization-Desires SeparationReference: Military Separations, COMDTINST M1000.4 (series), Art. 1.B.11.f.(1)(b).Responsible Level: Unit Entry: DDMMMYYYY: I, First MI. LastName , desire to be separated from the Coast Guard on my normal expiration of active obligated service date. I understand I will not be eligible for further follow-up studies or treatment at a U.S. Uniformed Services medical facility or disability benefits under laws the Coast Guard administers, and any further treatment or benefits would be under the Veterans' Administration’s jurisdiction First MI. LastNameDDMMMYYYY: Signature of witnessing officer.First MI. LastNameRank and title |
| 1. NAME OF PERMANENT UNIT

      | 1. NAME OF UNIT PREPARING THIS FORM

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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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