

REQUEST FOR SEPARATION

1. I hereby request to be separated from the California Cadet Corps

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Last Name

First Name

MI

Social Security Number

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Street Address

City

Zip Code

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Cadet Corps Assignment

Effective Date

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Reason for Separation

Send this Form to: STATE OF CALIFORNIA - MILITARY DEPARTMENT
HEADQUARTERS, CALIFORNIA CADET COPRS
10 Sonoma Avenue, Building 1301
Camp San Luis Obispo, California 93405

2. Please forward orders and certificate of discharge to:

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Name

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Street Address

City

Zip Code

3. My California Cadet Corps Identification Card is attached herewith for disposition. Note: ID card must be returned before separation can be approved.

Signature _____

Full Name _____

Grade _____

Date _____