(Updated 20260812)

APPLICATION FOR THE REVIEW OF DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES

(Please read Privacy Act Statement and instructions on back BEFORE completing this application.)

OMB No. 0704-0004
OMB approval expires: 2029-03-31

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of War, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON PAGE 2.**

DO NOT WRITE BELOW, FOR INTERNAL USE

CASE NUMBER	DATE OF DISCHARGE *(YYYYMMDD)*

If you were discharged more than 15 years ago, you ***may not*** apply to the Discharge Review Board but must apply directly to the Service Board for Correction of Military/Naval Records to seek such a review of your discharge using DD Form 149.

SECTION 1: SERVICE MEMBER *(The person whose discharge is to be reviewed.)* PLEASE PRINT OR TYPE INFORMATION

1. BRANCH AT TIME OF INEQUITY OR IMPROPRIETY ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ COAST GUARD ☐ MARINE CORPS ☐ SPACE FORCE

2. COMPONENT AT TIME ☐ REGULAR ☐ RESERVE ☐ GUARD

3. NAME WHILE SERVING	LAST
	FIRST
4. CURRENT NAME *(If different)*	LAST
	FIRST

5a. SSN WHILE SERVING	5b. DoD ID NUMBER *(provide, if applicable)*

6. MAILING ADDRESS *(It is Applicant's responsibility to report any changes to mailing address or other contact information to the Agency.)*

STREET	
CITY, STATE/APO, COUNTRY/FOREIGN ADDRESS	ZIP
EMAIL *(Address Required)*	PHONE *(Required)*

SECTION 2: SERVICE INFORMATION *(Information from DD Form 214. Include Member Copy of DD Form 214 and enter as much as is readily available.)*

7. GRADE/RANK AT DISCHARGE

ARMY: ▼ NAVY: ▼ AIR FORCE: ▼ COAST GUARD: ▼ MARINE CORPS: ▼ SPACE FORCE: ▼

8. HIGHEST GRADE/RANK HELD

ARMY: ▼ NAVY: ▼ AIR FORCE: ▼ COAST GUARD: ▼ MARINE CORPS: ▼ SPACE FORCE: ▼

9. DISCHARGE CHARACTERIZATION RECEIVED *(for Dishonorable / Dismissal, submit DD Form 149 to BCMR/BCNR)*
☐ UNCHARACTERIZED/ENTRY LEVEL SEPARATION ☐ HONORABLE ☐ BAD CONDUCT DISCHARGE
☐ UNDER HONORABLE CONDITIONS (GENERAL) ☐ UNDER OTHER THAN HONORABLE CONDITIONS

10. ACTION REQUESTED *(Enter applicable changes.)*
☐ CHARACTER OF SERVICE ☐ SEPARATION CODE ☐ REENTRY CODE ☐ NARRATIVE REASON FOR SEPARATION

11. SEPARATION CODE *(DD Form 214, box 26)*	12. REENTRY CODE *(DD Form 214, box 27)*	13. SEPARATION AUTHORITY *(DD Form 214, box 25)*

14. NARRATIVE REASON *(DD Form 214, box 28)*

15. UNIT AND LOCATION AT DISCHARGE

SECTION 3: REQUEST

16a. IS THIS A REQUEST FOR RECONSIDERATION OF A PRIOR APPLICATION TO THE BOARD? ☐ YES ☐ NO

16b. IF YES AND KNOWN, PROVIDE THE CASE NUMBER	AND THE DECISION DATE *(YYYYMMDD)*

17. TYPE OF REVIEW REQUESTED

☐ CONDUCT INITIAL RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME. I AND/OR *(counsel/representative)* WILL NOT APPEAR BEFORE THE BOARD.

☐ I AND/OR *(counsel/representative)* WISH TO APPEAR AT MY OWN EXPENSE BEFORE THE BOARD.

(NOTE: The Discharge Review Boards do not have traveling boards.)

18. IS THIS REQUEST RELATED TO ANY OF THESE WARS OR CONTINGENCY OPERATIONS?

☐ YES ☐ NO

☐ Operation Iraqi Freedom (OIF) (03/19/2003 - 08/31/2010)
☐ Operation Freedom Sentinel (OFS) (01/01/2015- Present)
☐ Operation Inherent Resolve (OIR) (08/08/2014 - Present)
☐ Operation Enduring Freedom (OEF) (09/11/2001 - 12/31/2014)
☐ Operation New Dawn (OND) (09/01/2010 - 12/15/2011)
☐ OTHER _____

19. ARE ANY OF THE FOLLOWING ISSUES/CONDITIONS RELATED TO YOUR REQUEST: *(Select all that apply. If checked, no special consideration applies.)*

☐ PTSD ☐ TBI ☐ OTHER MENTAL HEALTH ☐ SEXUAL ASSAULT/ HARASSMENT ☐ DADT ☐ REPRISAL/ WHISTLEBLOWER ☐ INTIMATE PARTNER VIOLENCE/ DOMESTIC VIOLENCE

20. Based on propriety, equity and/or clemency, briefly explain why the Board should grant the requested change. IMPORTANT NOTE: If the basis of your request involves the effects of one or more physical, medical, mental, and/or behavioral health condition(s) and if available, please attach copies of any VA rating decisions, relevant medical records, and counseling treatment records. Continue on a separate sheet if necessary.

SECTION 4: EVIDENCE AND RECORDS

21. IN SUPPORT OF THIS CLAIM, THE FOLLOWING SUPPORTING DOCUMENTATION IS ATTACHED *(LIST DOCUMENTS)*: Example documentation / records: Separation packet, medical documents *(e.g. diagnosis, VA rating, counseling treatment records),* post-service documents *(e.g. diplomas, professional certificates, character references),* and/or investigations. *(Do NOT submit irreplaceable original documents. They will NOT be returned.)*

21a.	21b.	21c.

SECTION 5: REPRESENTATIVE OR COUNSEL *(if applicable)*

☐ REPRESENTATIVE ☐ ATTORNEY

The following representative is authorized to receive and provide communication on the Service Member's or applicant's behalf.

22. NAME	LAST
	FIRST

23. MAILING ADDRESS *(If Service Member is deceased, skip this question.)*

STREET	
CITY, STATE/APO, COUNTRY/FOREIGN ADDRESS	ZIP
EMAIL *(Required)*	PHONE *(Required)*

SECTION 6: APPLICANT *(if other than the Service Member)*

24. APPLICANT MUST SIGN SECTION 7, 25b BELOW. If the record in question is that of a deceased or incompetent person, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. If the application is signed by other than the applicant, indicate the name *(type/print)*

_____ and relationship *(marking a box below.)*

☐ SPOUSE ☐ WIDOW ☐ WIDOWER ☐ NEXT OF KIN ☐ LEGAL REPRESENTATIVE ☐ OTHER _____

SECTION 7: SIGNATURE

25a. I WOULD LIKE TO RECEIVE ALL CORRESPONDENCE / DOCUMENTS ELECTRONICALLY *(This may reduce overall processing time.)* ☐ YES ☐ NO

CERTIFICATION. I MAKE THE FOREGOING STATEMENTS, AS PART OF THIS CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. *(U.S. Code, Title 18, Section 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.) I authorize the release of post-service, protected health information, i.e. Veterans Administration Medical Records.*

25b. SIGNATURE *(Required)*	25c. DATE SIGNED *(YYYYMMDD)*

SUBMIT COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW

ARMY	NAVY AND MARINE CORPS	AIR FORCE	COAST GUARD
Army Discharge Review Board 251 18th Street South, Suite 385 Arlington, VA 22202-3531 ARBA online application link: https://actsonline.army.mil/	Secretary of the Navy Council of Review Boards ATTN: Naval Discharge Review Board 720 Kennon Ave. S.E., Suite 309 Washington Navy Yard, DC 20374-5023 http://www.secnav.navy.mil/mra/CORB/pages/ndrb/default.aspx	Air Force Discharge Review Board 3351 Celmers Lane Joint Base Andrews, MD 20762-6435 https://afrba-portal.cce.af.mil/	Commandant (CG-133) ATTN: Office of Military Personnel US Coast Guard Stop 7907 2703 Martin Luther King Jr. Ave. S.E. Washington, DC 20593 https://www.uscg.mil/Resources/legal/DRB/

Additional information about requesting an upgrade to a discharge may be found online at www.vets.gov/discharge-upgrade-instructions.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1553, Review of Discharge or Dismissal; DoD Instruction 1332.28, Discharge Review Board (DRB) Procedures and Standards; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To apply for a change in the characterization or reason for military discharge issued to an individual. The appropriate Military Service Discharge Review Board reviews submitted packages and makes determinations. Completed forms are covered by the correction of discharge review board and official military records Systems of Records (SORNs) maintained by each Military Service.

ROUTINE USE(S): The DoW Routine Uses can be found in the applicable system of records notices below:
Army (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569931/a0015-185-sfmr.aspx)
Navy and Marine Corps (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570411/nm01000-1/)
Air Force (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569833/f036-safcb-a/)
Defense Finance and Accounting Service (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570192/t7340b/)
Coast Guard (https://www.gpo.gov/fdsys/pkg/FR-2013-10-02/html/2013-23991.htm)
Official Military Personnel Files:
Army (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc.aspx)
Navy (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/)
Marine Corps (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/)
Air Force (http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/569821/f036-af-pc-c/)
Coast Guard (http://www.gpo.gov/fdsys/pkg/FR-2011-10-28/html/2011-27881.htm)

DISCLOSURE: Voluntary. However, failure to provide the information not annotated as “optional” may result in a denial of your application. The Service Member's SSN is used to retrieve these records and links to the member's official military personnel file and pay record.

INSTRUCTIONS FOR COMPLETION OF DD FORM 293

REQUESTING COPIES OF YOUR OFFICIAL MILITARY PERSONNEL FILE

Information on obtaining military or health records is available at the National Personnel Records Center website at www.nara.gov/regional/mpr.html or your local Veterans Administration office.

Applicants are strongly encouraged to submit any request for their military records prior to applying for a discharge review rather than after submitting a DD Form 293 to avoid substantial delays in processing of the application and scheduling of review. Applicants and their counsel may also examine their military personnel records at the site of their scheduled review prior to the review. The Board shall notify applicants of the date of availability of the records for examination in their standard scheduling information.

DD FORM 293 - PLEASE TYPE OR PRINT INFORMATION FOR ALL APPLICABLE ITEMS. Items on the form are self-explanatory unless otherwise noted below.

DATE OF DISCHARGE - If you received more than one discharge, refer to the discharge that you want changed. Discharge Review Boards cannot consider any discharge resulting from a sentence given by a general court-martial. If the discharge you want reviewed was issued more than 15 years ago, you must submit an application to the appropriate Board for Correction of Military Record using the DD Form 149, Application for Correction of Military Record under the Provisions of Title 10, U.S. Code, Section 1552.

SECTION 1, ITEM 6. MAILING ADDRESS - Applicant is responsible for ensuring Board has current address, email, and phone number(s). **Note:** Failure to attend a hearing because of an unreported change in address may result in waiving of your right to a hearing.

SECTION 2, ITEM 10. ACTION REQUESTED - If you request a change of narrative reason for separation, you must list the specific reason for discharge that you believe to be appropriate; otherwise the Board will presume that you do not want a change in reason for discharge. If you do not request a change of discharge characterization in this item, the Board will presume you want to change discharge to Honorable.

SECTION 3, ITEM 17. TYPE OF REVIEW REQUESTED - Discharge Review is conducted through a: 1) records review, 2) board hearing, or 3) Secure Video teleconferencing.

Records Review: You may have the Board conduct a discharge review based solely on military records and any additional documentation that you provide. This review is conducted without personal appearance by you and/or your representative/counsel appearing. A personal appearance hearing can be requested, however, you forfeit your right to a record review.

Board Hearing: You may appear alone or assisted by a representative/counsel before an in-person, telephonic, video conferencing and/or combination of all types of appearances. Neither the Service nor the DoW is responsible for, nor will it pay for, any costs incurred by the applicant or representative/ counsel for appearance in person, providing testimony, or obtaining documentation. Detailed notification and/or scheduling information for all personal appearances will be provided after the application has been processed. In addition, without appearing yourself, you may have your case presented by a representative/counsel of your choice. NOTE: Applicants participating in a personal appearance hearing may make sworn or unsworn statements, introduce witnesses, documents, or other information on their behalf.

Applicants may make oral or written arguments personally and/or through representative/ counsel. Applicants and witnesses who present sworn or unsworn statements may be questioned by the Board.

INSTRUCTIONS (*Continued)*

FAILURE TO APPEAR AT A HEARING OR RESPOND TO A SCHEDULING NOTICE. If you do not appear at a scheduled personal appearance hearing or respond as required to a scheduling notice, and you did not make a prior, timely request for a continuance, postponement, or withdrawal of the application, you will forfeit the right to a personal appearance and the Board shall complete its review of the discharge based upon the evidence of record.

SECTION 3, ITEM 19. ISSUES/CONDITIONS RELATED TO YOUR REQUEST - For clarification, the response acronyms represent are Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and Don't Ask Don't Tell (DADT).

SECTION 3, ITEM 20. WHY IS A CHANGE REQUESTED? - List each issue that you want the Board to address. There is no limit to the number of issues that you may submit. If you need additional space, continue on a plain sheet of paper and attach it to the application. You are not required to submit any issues with your application; however, if you want the Board to respond to specific issues of concern, you must list your specific matters per the instructions and regulations governing the Board. Issues must be stated clearly and specifically, and should address the reasons you believe that the discharge received was improper or inequitable. It is important to focus on matters that occurred while you served in the Armed Forces.

The following examples demonstrate one way in which issues may be stated (the example issues do not indicate, in any way, the only type of issues that should be submitted to the Board):

Example 1. My discharge was inequitable because it was based on one isolated incident in 28 months of service with no other adverse action.

Example 2. The discharge is improper because the applicant's pre-service civilian conviction, properly listed on the enlistment documents, was used in the discharge proceedings.

NOTE: If an issue is not listed in Section 3, it may result in the Board not addressing the issue even if it is discussed in a legal brief or other written submission, or at the hearing. Changes or additions to the list may be made on the DD Form 293 any time before the Discharge Review Board closes the review process for deliberation. Please be sure that your issues are consistent with the Board Action Requested (Section 3). If there is a conflict between what you say in your issues and what you requested in Section 3, the Board will respond to your issue in the context of the action requested in Section 3. For example, if you request a General Discharge in Section 3 but your issue indicated you wanted an Honorable Discharge, the Board will respond to the issue in terms of your request for a General Discharge. Therefore, if you are submitting issues for the purpose of obtaining an Honorable Discharge, be sure to mark the box for an Honorable Discharge in Section 3.

Incorporation by Reference. Issues that are listed on a legal brief or other written submissions may be incorporated by reference in Section 3. The reference must be specific for the Board to understand clearly the matter being submitted as an issue. At a minimum, it shall identify the page, paragraph, and sentence incorporated.

Example: Issue 1. Brief, page 2, paragraph 1, sentences one and two.

Applicants should be as specific as possible with all references so the Board can clearly distinguish the scope of the issue. Because it is to your benefit to bring such issues to the Board's attention as early as possible in the review, if you submit a brief, you are strongly urged to set forth all such issues as a separate item at the beginning of the brief.

SECTION 4, ITEM 21a-i. DOCUMENTS IN SUPPORT OF CLAIM - Evidence not in your official records should be submitted to the Board with the application but at least before the review date. This also applies to legal briefs or counsel submissions. However, you have the right to submit evidence until the time the Discharge Review Board closes the review process for deliberation. Documents that are of the most benefit are those which substantiate or relate directly to your issues in Item 24. Other documents that may be helpful are character references; criminal, credit and employment reports; educational achievements; exemplary post-service conduct; and medical reports. You should add your name and SSN to each document submitted. The Board will consider all documents submitted in your behalf, but will respond in writing only to those issues set forth in Section 3, Item 20.

SECTION 5, REPRESENTATIVE OR COUNSEL - Skip this section if you do not have a representative/counsel. At a later date, if you obtain the services of either a representative/counsel, inform the Board immediately. The military services neither provide a representative/counsel or evidence for you, nor do they pay the cost of such representation regardless of the circumstance. The following organizations regularly furnish representation at no charge: American Legion, Disabled American Veterans, and state or regional Veterans Offices. In addition, there are other organizations willing to assist you in completing this application and to provide representation at no cost. It is to your advantage to coordinate with your representative/counsel prior to submitting an application. NOTE: Representatives may or may not be lawyers. Some of the organizations listed only represent applicants who appear before the Board in the Washington, D.C. Metro Area. Contact your local Veterans Affairs Office, Veterans Administration Office or veterans service organization for further information.

SECTION 6, APPLICANT: If the former Service Member is deceased or incompetent, the application may be submitted by the next of kin, a surviving spouse or a legal representative. Legal proof of death or incompetency and satisfactory evidence of the relationship to the former Service Member must accompany the application.