

WHAT YOU SHOULD KNOW ABOUT HOW TO UPGRADE YOUR MILITARY DISCHARGE.

1. Obtain a copy of DD Form 293, "Application for the Review of Discharge or Dismissal from the Armed Forces of the United States.
2. Complete personal information in Section 1.
3. If you are making the application on behalf of another individual, complete Section 2.
4. Indicate the action you wish the board to accomplish in Section 3.
5. In section 4, indicate whether you wish to appear before the board in Washington D.C, wait for a traveling board, or have a records only review.
6. If another person is representing you, complete section 5
7. Complete Section 6 if you elect not to be represented by counsel.
8. List supporting documentation in Section 7.
9. In Section 8, tell the board exactly why they should consider upgrading your discharge.
10. Sign and Date the Form in Section 9
11. Mail the completed form to the address listed on the reverse side on the DD Form 293

TIPS

1. Most of these requests are not approved.
2. If the Discharge is over 15 years old, you must apply for a Correction of Military Records.
3. It may take several months for the board to review your application and make a decision.

**APPLICATION FOR THE REVIEW OF DISCHARGE
FROM THE ARMED FORCES OF THE UNITED STATES**
(Please read instructions on Pages 3 and 4 BEFORE completing this application.)

OMB No. 0704-0004

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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0004). 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. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS PAGE.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1553; E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for a change in the characterization or reason for military discharge issued to an individual.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security Number is strictly to assure proper identification of the individual and appropriate records.

1. APPLICANT DATA *(The person whose discharge is to be reviewed).* **PLEASE PRINT OR TYPE INFORMATION.**

a. BRANCH OF SERVICE <i>(X one)</i>	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> COAST GUARD
b. NAME <i>(Last, First, Middle Initial)</i>			c. GRADE/RANK AT DISCHARGE		d. SOCIAL SECURITY NUMBER
e. CURRENT MAILING ADDRESS OF APPLICANT OR PERSON NAMED IN ITEM 11 <i>(Forward notification of any change in address.)</i>				f. TELEPHONE NUMBER <i>(Include Area Code)</i>	
				g. E-MAIL	
				h. FAX NUMBER <i>(Include Area Code)</i>	

2. DATE OF DISCHARGE OR SEPARATION <i>(YYYYMMDD) (If date is more than 15 years ago, submit a DD Form 149)</i>	4. DISCHARGE CHARACTERIZATION RECEIVED <i>(X one)</i>		5. BOARD ACTION REQUESTED <i>(X one)</i>	
	<input type="checkbox"/> HONORABLE		<input type="checkbox"/> CHANGE TO HONORABLE	
	<input type="checkbox"/> GENERAL/UNDER HONORABLE CONDITIONS		<input type="checkbox"/> CHANGE TO GENERAL/UNDER HONORABLE CONDITIONS	
	<input type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS		<input type="checkbox"/> CHANGE TO UNCHARACTERIZED <i>(Not applicable for Air Force)</i>	
3. UNIT AND LOCATION AT DISCHARGE OR SEPARATION	<input type="checkbox"/> BAD CONDUCT <i>(Special court-martial only)</i>		<input type="checkbox"/> CHANGE NARRATIVE REASON FOR SEPARATION:	
	<input type="checkbox"/> UNCHARACTERIZED			
	<input type="checkbox"/> OTHER <i>(Explain)</i>			

6. ISSUES: WHY AN UPGRADE OR CHANGE IS REQUESTED AND JUSTIFICATION FOR THE REQUEST *(Continue in Item 13. See instructions on Page 3.)*

7. *(X if applicable)* AN APPLICATION WAS PREVIOUSLY SUBMITTED ON *(YYYYMMDD)* AND THIS FORM IS SUBMITTED TO ADD ADDITIONAL ISSUES, JUSTIFICATION, OR EVIDENCE.

8. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACHED DOCUMENTS ARE SUBMITTED AS EVIDENCE: *(Continue in Item 14. If military documents or medical records are relevant to your case, please send copies.)*

9. TYPE OF REVIEW REQUESTED *(X one)*

<input type="checkbox"/>	CONDUCT A RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME. I AND/OR <i>(counsel/representative)</i> WILL NOT APPEAR BEFORE THE BOARD.
<input type="checkbox"/>	I AND/OR <i>(counsel/representative)</i> WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE THE BOARD IN THE WASHINGTON, D.C. METROPOLITAN AREA.
<input type="checkbox"/>	I AND/OR <i>(counsel/representative)</i> WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE A TRAVELING PANEL CLOSEST TO <i>(enter city and state)</i> <small><i>(NOTE: The Navy Discharge Review Board does not have a traveling panel.)</i></small>

10.a. COUNSEL/REPRESENTATIVE <i>(if any)</i> NAME <i>(Last, First, Middle Initial)</i> AND ADDRESS <i>(See Item 10 of the instructions about counsel/representative.)</i>	b. TELEPHONE NUMBER <i>(Include Area Code)</i>
	c. E-MAIL
	d. FAX NUMBER <i>(Include Area Code)</i>

11. APPLICANT MUST SIGN IN ITEM 12.a. 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 *(print)* and relationship by marking a box below.

<input type="checkbox"/> SPOUSE	<input type="checkbox"/> WIDOW	<input type="checkbox"/> WIDOWER	<input type="checkbox"/> NEXT OF KIN	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> OTHER <i>(Specify)</i>
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12. CERTIFICATION. I make the foregoing statements, as part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. <i>(U.S. Code, Title 18, Sections 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)</i>		CASE NUMBER <i>(Do not write in this space.)</i>
a. SIGNATURE - REQUIRED <i>(Applicant or person in Item 11 above)</i>	b. DATE SIGNED - REQUIRED <i>(YYYYMMDD)</i>	

13. CONTINUATION OF ITEM 6, ISSUES *(If applicable)*

14. CONTINUATION OF ITEM 6, SUPPORTING DOCUMENTS *(If applicable)*

15. REMARKS *(If applicable)*

MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW.

ARMY

Army Review Boards Agency
ADRB
1901 South Bell Street
Arlington, VA 22201-4508
(See <http://arba.army.pentagon.mil>)

NAVY AND MARINE CORPS

Naval Council of Personnel Boards
720 Kennon Street, S.E.
Room 309 (NDRB)
Washington Navy Yard, DC 20374-5023

AIR FORCE

Air Force Review Boards Agency
SAF/MRBR
550-C Street West, Suite 40
Randolph AFB, TX 78150-4742

COAST GUARD

U.S. Coast Guard
Commandant (CG-122)
2100 Second Street, S.W. Room 5500
Washington, DC 20593