

This information is requested in accordance with the legal guidance referenced below. Providing this information is voluntary, but failure to provide it may hinder our ability to process your request. In line with 5 U.S.C. 552a (Privacy Act) and AFI 33-332, any information you provide will be handled securely. You have the right to access, correct, or delete the information you provide. We may disclose to you and others the information you provide if authorized or required by law. If you provide false or fraudulent information, you may be subject to civil and/or criminal penalties.

In accordance with Executive Order 14184, "Reinstating Service Members Discharged under the Military's COVID-19 Vaccination Mandate," 27 January 2025; Secretary of Defense Memorandum, "Reinstating Service Members Discharged under the Military's COVID-19 Vaccination Mandate," 6 February 2025; and Under Secretary of Defense for Personnel and Readiness Memorandum, "Updated Guidance on Correction of Military Records for Service Members Involuntarily Separated for Refusal to Comply with Coronavirus Disease 2019 Vaccination Requirements," 1 April 2025:

I, _____, attest I voluntarily separated from the (Air) (Space) Force or allowed my service to lapse rather than be vaccinated under the COVID-19 vaccine mandate, which was in effect from 24 August 2021 to 10 January 2023.

I am voluntarily seeking to return to military service. In doing so, I acknowledge the following:

I will return to service with the same rank and pay held immediately prior to separation.

I will not be entitled to backpay, credit for lost service, or similar relief.

I will be required to meet applicable medical standards.

I will incur a service commitment.

Law, regulation, and policy may further preclude my restoration of service.

This attestation is not a binding contract guaranteeing military service.

The Secretary of Defense, Secretary of the Air Force, or their designee, may provide additional requirements consistent with the above guidance.

I voluntarily provide the following information to assist in this process:

Full Name: _____

DOD ID Number: _____

Branch of Service: _____

Dates of Service: _____ *(include entry and separation dates)*

Rank on Date of Separation: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge.

Signature

Date