****

**PRE-DISCHARGE DRC COVERSHEET**

|  |  |
| --- | --- |
| **Servicemember Name** |  |
| **Servicemember SSN** |  |

***Provide the dates of ALL the Servicemember’s periods of service.***

**Servicemember’s Periods of Service**

*Enter most recent period with anticipated RAD first*

|  |  |  |
| --- | --- | --- |
| **Branch of Service** | **EOD (MM/DD/YYYY)** | **RAD (MM/DD/YYYY)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**REMINDER:**

* **Submit all documents with *both* the Pre-Discharge DRC Cover Sheet and the regular DRC Cover Sheet to ensure proper routing of the claim.**
* ALL STRs for ALL periods of service must be submitted with the ITF.
* Certified DD Form 214s for ALL periods of service must be submitted with the VA Form 21-526EZ.