

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

held 7595 W. 141st Place Cedar Lake, IN

DD FORM 1 JUL 79 214890172 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) **FISHER, James David** 2. DEPARTMENT/COMPONENT AND BRANCH **USMC-11** 3. SOCIAL SECURITY NO. **307 | 80 | 9535**

4a. GRADE, RATE OR RANK **Corporal** 4b. PAY GRADE **E-4** 5. DATE OF BIRTH **630123** 6. PLACE OF ENTRY INTO ACTIVE DUTY **AFES Chicago, Illinois**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **H&MS-29 MAG-29 MCAS NEW RIVER JAXNC 28545** 8. STATION WHERE SEPARATED **RUC 01227 H&MS-29 MAG-29 MCAS NEW RIVER JAXNC 28545**

9. COMMAND TO WHICH TRANSFERRED **Marine Corps Reserve Support Center (Code RSC-1E)(Screening) 10950 El Monte Overland park KS 65211-1408** 10. SGLI COVERAGE AMOUNT \$ **35,000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 3072- Aviation Supply Clerk 3 years, 5 months	12. RECORD OF SERVICE		
	a. Date Entered AD This Period	YEAR(s)	MON (s)
	b. Separation Date This Period	82	01
	c. Net Active Service This Period	86	01
	d. Total Prior Active Service	04	00
	e. Total Prior Inactive Service	00	00
	f. Foreign Service	00	00
	g. Sea Service	00	00
	h. Effective Date of Pay Grade	84	10
i. Reserve Oblig. Term. Date	87	11	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
**M-16 Rifle Expert Badge, 2 awards Sea Service Deployment Ribbon
Good Conduct Medal
Meritorious Mast, 4 awards
Letter of Appreciation**

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
Aviation Supply Mechanics Course (30B) 10 weeks, 8208

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID **00.0** **RLB-25.5**

18. REMARKS
I, James D. FISHER, have been counseled concerning the VA dental outpatient treatment eligibility requirements. I understand that application for VA dental outpatient treatment must be made within 90 days of discharge/separation from active duty. I further understand that if a complete dental examination and all appropriate dental services and treatment were completed within 90 days of discharge/separation from active duty, I will not be eligible for VA dental outpatient treatment.

[Signature] Member's signature *[Signature]* Witness

19. MAILING ADDRESS AFTER SEPARATION **7595 W 141st Place Cedar Lake, Indiana 46303** 20. MEMBER REQUESTS COPY 6 BE SENT TO THE DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED *[Signature]* 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN **A. M. SHUFORD WO USMC ADMN**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION **Release from Active Duty** 24. CHARACTER OF SERVICE (Includes upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **MARCORSEPMAN Par 1005** 26. SEPARATION CODE **MRK1** 27. REENLISTMENT CODE **RE-1A**

28. NARRATIVE REASON FOR SEPARATION **Completion of Required Active Service (USMC) EAS** 29. DATES OF TIME LOST DURING THIS PERIOD **None** 30. MEMBER REQUESTS COPY 4 INITIAL *[Signature]*