

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) <b>DESAUTELS, LUKE ANDREW</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY RA</b>		3. SOCIAL SECURITY NO. <b>343 74 8209</b>		
4.a. GRADE, RATE OR RANK <b>PV1</b>	4.b. PAY GRADE <b>E1</b>	5. DATE OF BIRTH (YYMMDD) <b>691222</b>		6. RESERVE OBLIG. TERM. DATE Year <b>00</b> Month <b>00</b> Day <b>00</b>		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>CHICAGO, IL</b>			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>RICHTON PARK, IL</b>			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>CO B 8TH TRANS BDE TRADOC TC</b>			8.b. STATION WHERE SEPARATED <b>FORT EUSTIS, VA</b>			
9. COMMAND TO WHICH TRANSFERRED <b>NA</b>				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>50,000</b>		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) <b>NONE//NOTHING FOLLOWS</b>			12. RECORD OF SERVICE			
			a. Date Entered AD This Period	<b>89</b>	<b>10</b>	<b>24</b>
			b. Separation Date This Period	<b>90</b>	<b>04</b>	<b>18</b>
			c. Net Active Service This Period	<b>00</b>	<b>05</b>	<b>25</b>
			d. Total Prior Active Service	<b>00</b>	<b>00</b>	<b>00</b>
			e. Total Prior Inactive Service	<b>00</b>	<b>00</b>	<b>00</b>
			f. Foreign Service	<b>00</b>	<b>00</b>	<b>00</b>
			g. Sea Service	<b>00</b>	<b>00</b>	<b>00</b>
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>SHARPSHOOTER BADGE (RIFLE) EXPERT BADGE (HAND GRENADE) /NOTHING FOLLOWS</b>			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>NONE//NOTHING FOLLOWS</b>			



15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	16. DAYS ACCRUED LEAVE PAID	<b>NONE</b>
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

18. REMARKS:  
 PERIOD OF IDEP: 891016-891023// EXCESS LEAVE CREDITABLE FOR ALL PURPOSES EXCEPT PAY AND ALLOWANCES)--1.5 DAYS: 900103-900103// NOTHING FOLLOWS

INDIANA/S.S. NO. RECORDED 06 PM '90

19. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>4201 GREENBRIAR LN RICHTON PARK, IL 60471</b>		19.b. NEAREST RELATIVE (Name and address - Include Zip Code) <b>MELVIN P. ANDERSON BOX 17 RT 7 GLOUCESTER, VA 22971</b>	
20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name; grade; title and signature) <b>ALICE D. GRIFFIN, CHIEF, TRANSITION POINT</b>	
21. SIGNATURE OF MEMBER BEING SEPARATED: <i>Luke A. Desautels</i>			

23. TYPE OF SEPARATION <b>DISCHARGE</b>		24. CHARACTER OF SERVICE (include upgrade) <b>UNCHARACTERIZED</b>	
25. SEPARATION AUTHORITY <b>AR 635-40 Para 4-24E (3)</b>		26. SEPARATION CODE <b>JFL</b>	27. REENTRY CODE <b>RE-3</b>
28. NARRATIVE REASON FOR SEPARATION: <b>PHYSICAL DISABILITY WITH SEVERANCE PAY</b>			
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>			30. MEMBER REQUESTS COPY 4 <input checked="" type="checkbox"/> Initials: <b>LAD</b>