

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 214 1 JUL 79

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1 NAME (Last, first, middle) CALDWELL, MICHAEL WAYNE 2 DEPARTMENT, COMPONENT AND BRANCH ARMY/RA 3 SOCIAL SECURITY NO. 313 94 6988

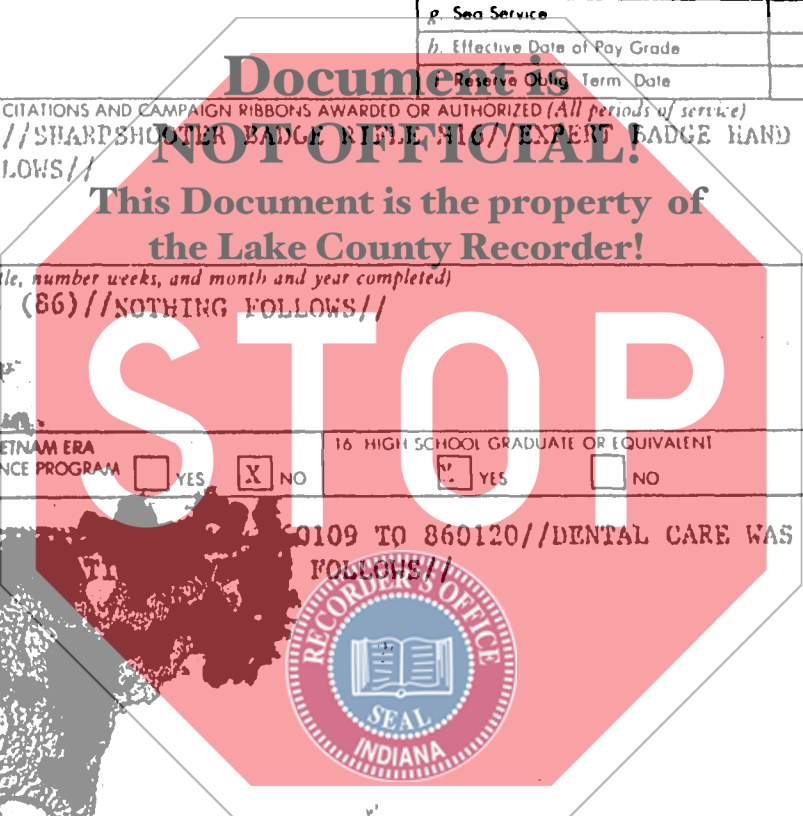
4a GRADE, RATE OR RANK SPC 4b PAY GRADE E4 5 DATE OF BIRTH 670215 6 PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO, IL

7 LAST DUTY ASSIGNMENT AND MAJOR COMMAND 702ND MEDICAL CO FCGM FORSCOM FC 8 STATION WHERE SEPARATED FORT MEADE, MD

9 COMMAND TO WHICH TRANSFERRED USAR CON GP (REINFORCEMENT) ARPFPCN ST LOUIS MO 63132-5200 10 SGLI COVERAGE AMOUNT \$ 50 000 NONE

Table with 4 columns: Record of Service, Year (s), Mon (s), Day (s). Rows include Date Entered AD, Separation Date, Net Active Service, Total Prior Active/Inactive Service, Foreign/Sea Service, and Effective Date of Pay Grade.

13 DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//SHARPSHOOTER BADGE RIFLE/16//EXPERT BADGE HAND GRENADE//ARMY LABEL BUTTON//NOTHING FOLLOWS//



14 MILITARY EDUCATION (Course Title, number weeks, and month and year completed) MEDICAL SP -- 10 WKS (86) //NOTHING FOLLOWS//

15 POST-VIETNAM ERA ASSISTANCE PROGRAM YES NO 16 HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO

17 DAYS ACCRUED LEAVE PAID 0109 TO 860120//DENTAL CARE WAS NOT PROVIDED// FOLLOWS//

19 DATE OF SEPARATION 20 MEMBER REQUESTS COPY 6 BE SENT TO IN DIR. OF VET AFFAIRS YES NO

21 SIGNATURE OF MEMBER BEING SEPARATED 22 TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN KIM S. JACKSON, GS7, CHIEF, TP

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

Table with 4 columns: 23. TYPE OF SEPARATION (RELIEF FROM ACTIVE DUTY), 24. CHARACTER OF SERVICE (HONORABLE), 25. SEPARATION AUTHORITY (CHAPTER 4 AR 635-200), 26. SEPARATION CODE (LBK), 27. REENLISTMENT CODE (RE-1), 28. NARRATIVE REASON FOR SEPARATION (EXPIRATION TERM OF SERVICE), 29. DATES OF TIME LOST DURING THIS PERIOD (NONE), 30. MEMBER REQUESTS COPY 4 (MISC INITIALS)

099827

PHYSICAL DATA AND APTITUDE TEST SCORES UPON RELEASE FROM ACTIVE DUTY

DATE

For use of this form, see AR 635-5; the proponent agency is MILPERCEN.

8 Dec 88

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Section 301, Title 5, USC.

PRINCIPAL PURPOSE: To authorize your reenlistment within a specified time, without physical examination or without the requirement for mental retesting.

ROUTINE USES: To document your physical status at time of separation and to record results of prior mental aptitude tests. (A copy of this form will be placed in your Military Personnel Records Jacket, U.S. Army.)

DISCLOSURE OF YOUR SSN AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, INDIVIDUALS WHO DO NOT DISCLOSE THE INFORMATION WILL BE REQUIRED TO TAKE THE PHYSICAL EXAMINATION AND THE MENTAL APTITUDE TESTS REQUIRED FOR REENLISTMENT.

INSTRUCTIONS

Prepare in triplicate. Original and duplicate will be given to individual concerned. Triplicate will be filed in individual's Military Personnel Records Jacket.

LAST NAME - FIRST - MIDDLE INITIAL

GRADE

SSN

CALDWELL, Michael W.

SPC E4

313-93-6988

APTITUDE TEST SCORES

ENLISTMENT OR REENLISTMENT WITHOUT MENTAL RETEST IS AUTHORIZED PROVIDED ENLISTMENT OR REENLISTMENT IS ACCOMPLISHED WITHIN ONE YEAR AFTER DATE OF SEPARATION. YOUR RECORDED APTITUDE AREA SCORES ARE AS FOLLOWS:

ASVAB SCORES				ACB - 73 SCORES			
GT	108	GM	117	FA	_____	AE, CO, B)	_____
EL	110	CL	108	EL	_____	OF	_____
MM	116	SC	115	GM	_____	MM	_____
CO	111	FA	106	CL	_____	ST	_____
OF	119	ST	116	GT	_____	SC	_____
AFQT/WST SCORE		NA					

PHYSICAL STATUS

YOUR PHYSICAL CONDITION ON 20 Jan 89 IS SUCH THAT YOU ARE CONSIDERED PHYSICALLY QUALIFIED FOR SEPARATION OR FOR REENLISTMENT WITHOUT EXAMINATION, PROVIDED YOU REENLIST WITHIN 6 MONTHS AND STATE THAT YOU HAVE NOT ACQUIRED NEW DISEASES OR INJURIES DURING THE INTERVAL PERIOD WHEN NOT A MEMBER OF THE MILITARY SERVICE.

YOUR PHYSICAL PROFILE ON DATE OF SEPARATION IS: A/111111

TYPED NAME, GRADE, AND TITLE OF PERSONNEL OFFICER SIGNATURE

KIM S. JACKSON, GS7, CHIEF, TP



Signature of Kim S. Jackson, GS7, Chief, TP

STATE OF INDIANA  
MAY 10 12 12 PM '90  
RECORDS SECTION  
FILED  
LAW OFFICE  
U.S. NO.

STATEMENT OF PHYSICAL STATUS AT TIME OF ENLISTMENT

HAS THERE BEEN ANY CHANGE IN YOUR PHYSICAL CONDITION SINCE YOU WERE SEPARATED?

YES

NO (IF YES, DESCRIBE BELOW)

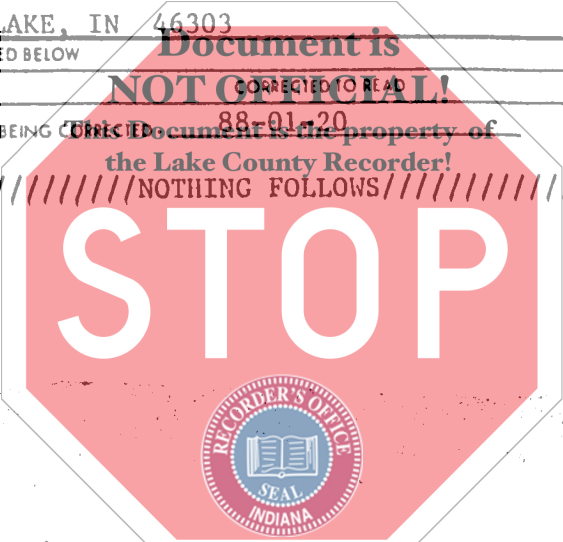
DATE

SIGNATURE OF INDIVIDUAL BEING SEPARATED

099827

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1. NAME (Last, first, middle) <b>CALDWELL MICHAEL WAYNE</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/RA</b>		3. SOCIAL SECURITY NO. (Also, Service Number if applicable) <b>313 94 5 6988</b>	
4. MAILING ADDRESS (Include ZIP Code) <b>12539 PARRISH ST. CEDAR LAKE, IN 46303</b>					
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW					
ITEM NO.	CORRECTED TO READ				
12b.	SEPARATION DATE ON DD FORM 214 BEING CORRECTED TO <b>89-01-20</b>				
<p>Document is NOT OFFICIAL</p> <p>Document is the property of the Lake County Recorder!</p> <p>NOTHING FOLLOWS</p>  <p>RECORDER'S OFFICE SEAL INDIANA</p>					
6. DATE <b>28 MARCH 1990</b>		7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN <i>Chris Mays</i> <b>CHRIS D. MAYS, CH. RECORDS MAINTENANCE DIV. USAAREC</b>			

DD FORM 1 JUL 79 215

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CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

MEMBER • 1