

101185 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **STEVENS, GLENN ROGER** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/RA** 3. SOCIAL SECURITY NO. **314 194 8858**

4.a. GRADE, RATE OR RANK **PV2** 4.b. PAY GRADE **E-2** 5. DATE OF BIRTH (YYMMDD) **700212** 6. RESERVE OBLIG. TERM. DATE
 Yea **00** Month **00** Day **00**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **CHICAGO, IL** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **2700 CROWS NEST DR
HOBART, IN 46342**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **HHC 610TH ORD BN TRADOC (TC)** 8.b. STATION WHERE SEPARATED **FT BELVOIR, VA 22060**

9. COMMAND TO WHICH TRANSFERRED **NA** 10. SGLI COVERAGE None
 Amount: \$ **50,000**

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.) 52D10, POWER GENERATION EQUIPMENT RE-PAIRER, 2 MOS//NOTHING FOLLOWS	12. RECORD OF SERVICE		
	Year(s)	Month(s)	Day(s)
a Date Entered AD This Period	89	08	31
b Separation Date This Period	90	05	15
c Net Active Service This Period	00	08	15
d Total Prior Active Service	00	00	00
e Total Prior Inactive Service	00	00	00
f Foreign Service	00	00	00
g Sea Service	00	00	00
h Effective Date of Pay Grade	90	03	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
ARMY SERVICE RIBBON//MARKSMANSHIP QUALIFICATION BADGE (M16 RIFLE)//SHARPSHOOTER QUALIFICATION BADGE (HAND GRENADE)//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
POWER GENERATION EQUIPMENT REPAIRER, 10 WKS, FEB 90//NOTHING FOLLOWS

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No 16. DAYS ACCRUED LEAVE PAID **4**

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No

18. REMARKS
NONE//NOTHING FOLLOWS

19.a. PLACE OF SEPARATION (Include Zip Code) **2700 CROWS NEST DR
HOBART, IN 46342** 19.b. MEMBER'S ADDRESS (Name and address - include Zip Code)
**ROGER A. STEVENS (Name and address - include Zip Code)
ADDRESS SAME AS 19A.**

20. MEMBER REQUESTS COPY BE SENT TO IN DIR. OF VET AFFAIRS Yes No 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
DAVID W. STEADY MSG USA CH WEL CTR

21. SIGNATURE OF MEMBER BEING SEPARATED
Glenn R. Stevens

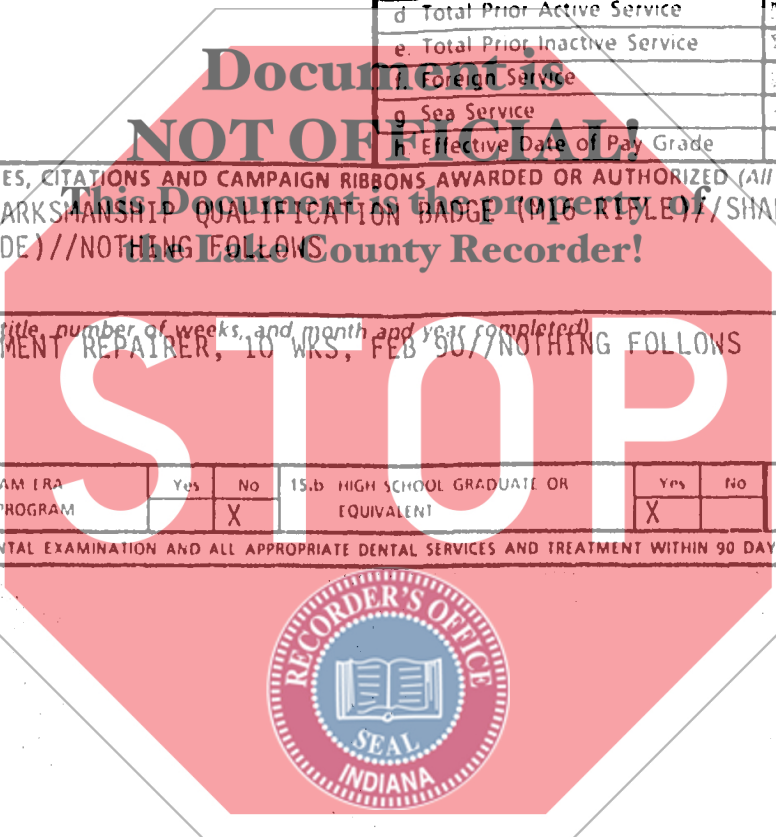
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25. SEPARATION AUTHORITY **AR 635-40 PARA 4-24E(4)** 26. SEPARATION CODE **JFR** 27. REENTRY CODE **3**

28. NARRATIVE REASON FOR SEPARATION
PHYSICAL DISABILITY WITHOUT SEVERANCE PAY

29. DATES OF TIME LOST DURING THIS PERIOD
NONE 30. MEMBER REQUESTS COPY Initials: **GRS**

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REC'D
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 US ARMY
 WELLESLEY, MA
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