

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>SAVAGE TRINNA YVONNE 91015665</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/USAR</b>		3. SOCIAL SECURITY NO. <b>311   70   5202</b>	
4.a. GRADE, RATE OR RANK <b>PV2</b>	4.b. PAY GRADE <b>E2</b>	5. DATE OF BIRTH (YYMMDD) <b>690730</b>		6. RESERVE OBLIG. TERM. DATE Year <b>96</b> Month <b>09</b> Day <b>29</b>	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>Gary, Indiana</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>Gary, Indiana</b>			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Co C 832d Ord Bn USAOMMCS TRADOC TC</b>		8.b. STATION WHERE SEPARATED <b>Redstone Arsenal, Alabama</b>			
9. COMMAND TO WHICH TRANSFERRED <b>USAR Control Group (Reinforcement) ARPERCEN, St. Louis, MO 63132</b>				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>50,000.00</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>91A10-Medical Specialist//NOTHING FOLLOWS</b>		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period		<b>91</b>	<b>01</b>
		b. Separation Date This Period		<b>91</b>	<b>03</b>
		c. Net Active Service This Period		<b>00</b>	<b>01</b>
		d. Total Prior Active Service		<b>01</b>	<b>09</b>
		e. Total Prior Inactive Service		<b>00</b>	<b>06</b>
		f. Foreign Service		<b>00</b>	<b>00</b>
		g. Sea Service		<b>00</b>	<b>00</b>
h. Effective Date of Pay Grade		<b>89</b>	<b>04</b>	<b>02</b>	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>Army Service Ribbon//National Defense Service Medal//Army Lapel Button//Marksman Badge (M-16) //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	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			<b>X</b>	Yes	
				<b>X</b>	
16. DAYS ACCRUED LEAVE PAID <b>5</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT, WITHIN 90 DAYS, PRIOR TO SEPARATION <b>5</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
18. REMARKS: <b>Item 6: Delayed Entry Program (DEP)-880930-881002.//Item 12d above does not account for annual and/or weekend training this soldier may have accomplished prior to date entered in item 12a.//Ordered to active duty in support of Operation Desert Shield/Desert Storm IAW 10 USC 673B.//NOTHING FOLLOWS</b>					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>613 Tennessee Street Gary, Indiana 46240</b>			19.b. NEAREST RELATIVE (Name and address: include Zip Code) <b>Cynthia Mitchell 613 Tennessee Street Gary, Indiana 46240</b>		
20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> IN <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>Betty J. Weaver Chief, Transition Mgt Br</b>		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Trinna Yvonne Savage</i>					



STATE OF INDIANA  
 LAKE COUNTY  
 FILED  
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 ROBERT RECORDS

23. TYPE OF SEPARATION <b>Release from Active Duty</b>		24. CHARACTER OF SERVICE (include upgrades) <b>Honorable</b>	
25. SEPARATION AUTHORITY <b>Chapter 4 AR 635-200</b>	26. SEPARATION CODE <b>LBK</b>	27. REENTRY CODE <b>NA</b>	
28. NARRATIVE REASON FOR SEPARATION <b>Expiration Term of Service</b>			
29. DATES OF TIME LOST DURING THIS PERIOD: <b>NONE</b>		30. MEMBER REQUESTS COPY 4 Initials	