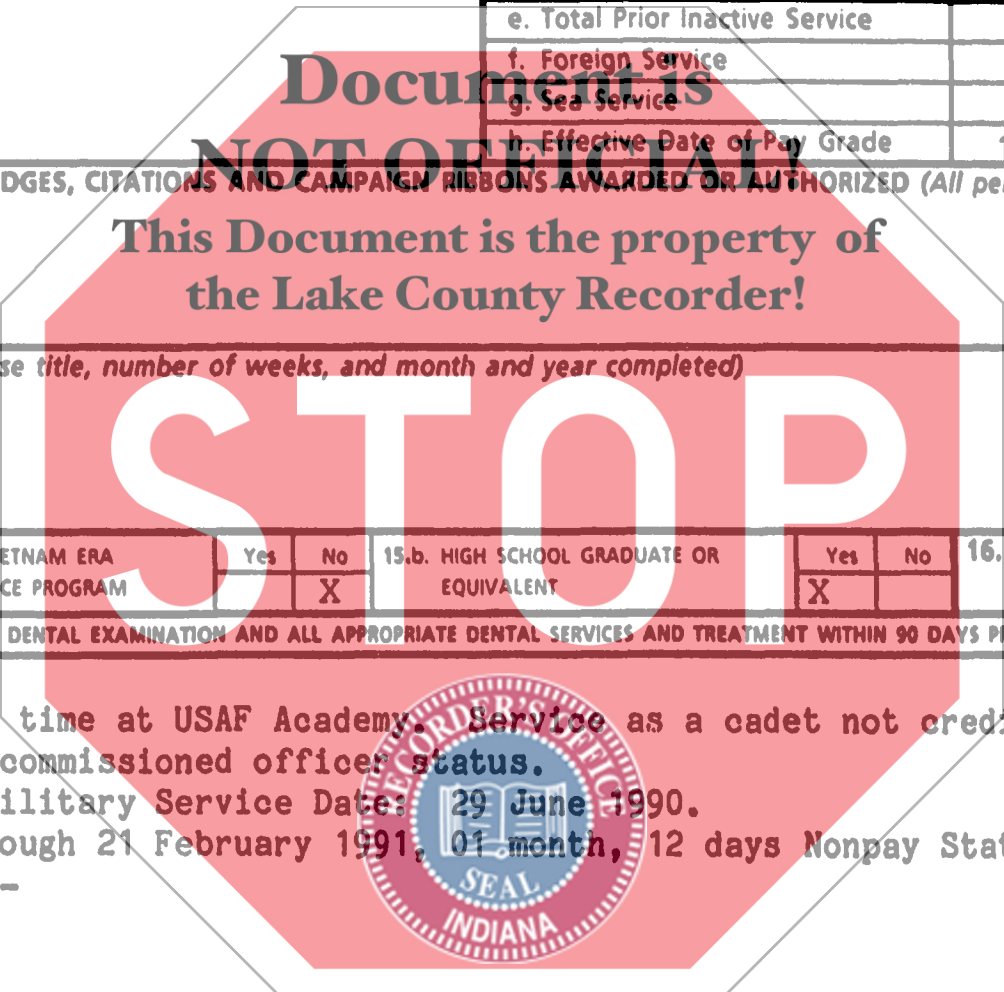


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) MORITZ JEREMY CARL 91016978		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--USAFA CADET		3. SOCIAL SECURITY NO. 316 04 8201	
4.a. GRADE, RATE OR RANK AF CADET	4.b. PAY GRADE N/A	5. DATE OF BIRTH (YYMMDD) 711224		6. RESERVE OBLIG. TERM. DATE Year N/A Month N/A Day N/A	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY USAFA CO		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 8553 Madison Ave Munster, IN 46321			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND TAF CW(USAFA)		8.b. STATION WHERE SEPARATED USAFA CO			
9. COMMAND TO WHICH TRANSFERRED NOT APPLICABLE				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 50	
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.) NOT APPLICABLE		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	1990	Jun	29
		b. Separation Date This Period	1991	Feb	21
		c. Net Active Service This Period	00	07	23
		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
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) None		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) None			
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No
		X		X	
16. DAYS ACCRUED LEAVE PAID					-0-
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
18. REMARKS Block #12c is cadet time at USAF Academy. Service as a cadet not creditable for any purpose in commissioned officer status. Continuous Active Military Service Date: 29 June 1990. 10 January 1991 through 21 February 1991, 01 month, 12 days Nonpay Status. -- NOTHING FOLLOWS --					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 8553 Madison Ave Munster, IN 46321			19.b. NEAREST RELATIVE (Name and address - Include Zip Code) Mr and Mrs Ronald Moritz 8553 Madison Ave, Munster, IN 46321		
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>IN</u> 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. A. Johanson, TSgt, USAF NCOIC, Cadet Disenroll/Spec Actions Br			
21. SIGNATURE OF MEMBER BEING SEPARATED MEMBER NOT AVAILABLE TO SIGN					



STATE OF INDIANA / S.S. NO. _____
 LAKE COUNTY RECORDER
 JUN 10 1 34 PM '91
 BELLAND

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER-1

23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AFR 53-3, and Ltr, DAF, 05 Feb 91		26. SEPARATION CODE NOT APPLICABLE	27. REENTRY CODE NOT APPLICABLE
28. NARRATIVE REASON FOR SEPARATION Voluntary Resignation			
29. DATES OF TIME LOST DURING THIS PERIOD NOT APPLICABLE		30. MEMBER REQUESTS COPY 4 See Block 21 Initials	

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Previous editions are obsolete.

MEMBER-4