CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

91023388 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BRYANT, KEITH AARON	2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN	3. SOCIAL SECURITY NO. 316 72 5823
4.a. GRADE, RATE OR RANK SA	4.b. PAY GRADE E-2	5. DATE OF BIRTH (YYMMDD) 690506
6. RESERVE OBLIG. TERM. DATE Year 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) HESSVILLE, IN	
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS NITRO (AE-23)	8.b. STATION WHERE SEPARATED PERSUPPDET PHILADELPHIA PA	
9. COMMAND TO WHICH TRANSFERRED N/A	10. SGLI COVERAGE Amount: $ 50,000 ☐ None	

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.)

DG-9760 (SA)
ELECTRICAL/MECHANICAL EQUIPMENT
REPAIRMAN

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	89	JUL	21
b. Separation Date This Period	90	DEC	21
c. Net Active Service This Period	01	05	01
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	01	00	03
h. Effective Date of Pay Grade	90	MAY	16

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 XX	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No XX	16. DAYS ACCRUED LEAVE PAID 30.0

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

18. REMARKS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
3818 169th ST #14
HESSVILLE, IN 46323

19.b. NEAREST RELATIVE (Name and address - Include Zip Code)
JEAN GUTHERIE, 6932 ARIZONA AVENUE
HESSVILLE, IN 46323

20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR. OF VET AFFAIRS ☒ Yes ☐ No

21. SIGNATURE OF MEMBER BEING SEPARATED
Keith A Bryant

22. OFFICER AUTHORIZED TO SIGN (Typed name, grade, title and signature)
P.A. WALLACE, GS-7/SUPVMILPERSTECH

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23. TYPE OF SEPARATION
DISCHARGED

24. CHARACTER OF SERVICE (Include upgrades)
HONORABLE

25. SEPARATION AUTHORITY MPM-3620200; NAVOPO13/87; TECHNICAL DIR1910 CODE22 - 10DEC90

26. SEPARATION CODE
JFX

27. REENTRY CODE
RE-3B

28. NARRATIVE REASON FOR SEPARATION
OTHER PHYSICAL/MENTAL CONDITIONS - PERSONALITY DISORDERS.

29. DAYS OF TIME LOST DURING THIS PERIOD
NONE.

30. MEMBER REQUESTS COPY 4
Initials: KAB

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