

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

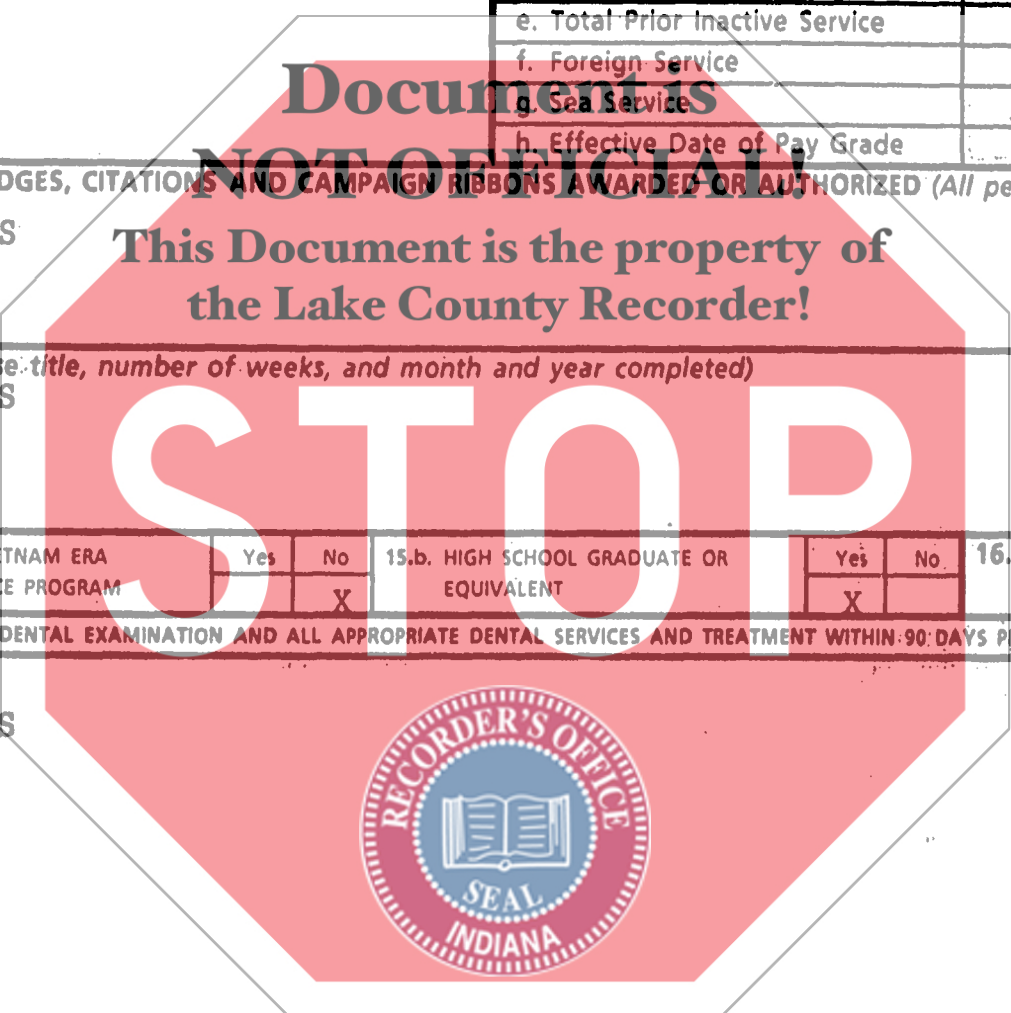
THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

1620 W 49th Ave
Apt 40
Hwy 4680.8

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

91024059 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) JASPERSON BRIAN PAUL		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / RA		3. SOCIAL SECURITY NO. 367 88 8242	
4.a. GRADE, RATE OR RANK PV2		4.b. PAY GRADE E-2		5. DATE OF BIRTH (YYMMDD) 670927	
6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 00		7.a. PLACE OF ENTRY INTO ACTIVE DUTY DALLAS, TX			
7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 200 CHEROKEE PATH FLOWER MOUND, TX 75028				8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND TC CO D 5-10TH INF (WIM02F) 3D BT BDEUSAEC&ELW	
8.b. STATION WHERE SEPARATED FORT LEONARD WOOD, MO				9. COMMAND TO WHICH TRANSFERRED NA	
10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 50000		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.) NONE//NOTHING FOLLOWS			
12. RECORD OF SERVICE		Year(s) Month(s) Day(s)			
a. Date Entered AD This Period		90 09 24			
b. Separation Date This Period		91 04 18			
c. Net Active Service This Period		00 06 25			
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 09 24			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course, title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes No		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
		X		X	
16. DAYS ACCRUED LEAVE PAID NONE					
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 NONE//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 3290 SCHUST RD SAGINAW, MI 48603			19.b. NEAREST RELATIVE (Name and address - Include Zip Code) SHARON S. JASPERSON (WIFE) 3290 SCHUST RD., SAGINAW, MI 48603		
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>MT</u> DIR. OF VET AFFAIRS		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. SIGNATURE OF MEMBER BEING SEPARATED			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>Donald D. Johnson</i> DONALD D. JOHNSON, GS-10, CH PERS PROC. DIV.		



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DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER - 1

RETIREMENT		HONORABLE	
25. SEPARATION AUTHORITY AR 635-40, PARA 4-24e(2)		26. SEPARATION CODE SFK	
27. REENTRY CODE NA		28. NARRATIVE REASON FOR SEPARATION PHYSICAL DISABILITY, TEMPORARY	
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials	

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MEMBER - 4