

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **STREY PARIS 91024682** 2. DEPARTMENT, COMPONENT AND BRANCH **NAVY-USN** 3. SOCIAL SECURITY NO. **304 90 4760**

4. GRADE, RATE OR RANK **EA** 4.b. PAY GRADE **EA** 5. DATE OF BIRTH (YYMMDD) **630413 70315** 6. RESERVE-OBLIG. TERM. DATE. Year **94** Month **AP** Day **23**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **MINNEAPOLIS, MN** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **6933 EAST 1ST AVE. GARY, IN 46403**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **NAVAL DENTAL CLINIC, SAN DIEGO, CA** 8.b. STATION WHERE SEPARATED **PSD, NAVAL STATION, SAN DIEGO, CA**

9. COMMAND TO WHICH TRANSFERRED **NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149** 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 period of one or more years.) DT-0000	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
	a. Date Entered AD This Period	86	MAY	07
	b. Separation Date This Period	91	MAY	06
	c. Net Active Service This Period	05	00	00
	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	07	07	
	h. Effective Date of Pay Grade	89	NOV	16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) **NATIONAL DEFENSE SERVICE MEDAL; SEA SERVICE DEPLOYMENT RIBBON; FIRST GOOD CONDUCT AWARD FOR PERIOD ENDING 90MAY06**

14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) **DENTAL ASSISTANT BASIC, CLASS A SCOL, 12 WKS, JUL86**

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

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

18. REMARKS **EXAMINATION COMPLETED: DT2 PASS, FINAL SCORE: 136.97 DATE OF EXAMINATION: MAR90**

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) **6933 EAST 1ST AVE GARY (LAKE) IN 46403** 19.b. NEAREST RELATIVE (Name and address - include Zip Code) **RONALD B. JOINER 6933 EAST 1ST AVE., GARY IN 46403**

20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS Yes No 21. SIGNATURE OF MEMBER BEING SEPARATED *Paris Joiner* 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) **D. H. WOODS, CST, MEDIC**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION **RELEASE FROM ACTIVE DUTY AND TRANSFERRED TO NAVAL RESERVE** 24. CHARACTER OF SERVICE (Include upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **NYLPERMAN 3620150** 26. SEPARATION CODE **XX** 27. REENTRY CODE **RE-R1**

28. NARRATIVE REASON FOR SEPARATION **USN RELEASED FROM ACTIVE DUTY AND TRANSFERRED TO NAVAL RESERVE**

29. DATES OF TIME LOST DURING THIS PERIOD **TL: NONE** 30. MEMBER REQUESTS COPY 4 Initials **g.p.g.**