CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

91042393

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WILLIAMS, DERRICK NMN	2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN	3. SOCIAL SECURITY NO. 313 92 8399
4.a. GRADE, RATE OR RANK MSSN	4.b. PAY GRADE E3	5. DATE OF BIRTH (YYMMDD) 69AUG26
6. RESERVE OBLIG. TERM. DATE Year NA Month NA Day NA		
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) 444 GRANT STREET GARY, IN 46404	
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HELMINERON FOURTEEN	8.b. STATION WHERE SEPARATED NAVAL STATION NORFOLK VA BY PSD	
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 70149	10. SGLI COVERAGE Amount: $100,000 ☐ 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.)

MS- 0000

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	88	FEB	03
b. Separation Date This Period	90	JUL	30
c. Net Active Service This Period	03	05	28
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	11	20
f. Foreign Service	00	00	00
g. Sea Service	02	09	29
h. Effective Date of Pay Grade	89	AUG	16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

NATIONAL DEFENSE SERVICE MEDAL

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

MS CLASS A SCHOOL; 7WKS, 88MAY/

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No X	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes X	No	16. DAYS ACCRUED LEAVE PAID 35.0

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

18. REMARKS

EFFECTIVE DATE OF TEMPORARY RETIREMENT: 90JUL30.
DERRICK NMN WILLIAMS HAS EXECUTED A CLAIM FOR COMPENSATION, PENSION OR HOSPITALIZATION TO BE FILED WITH THE VETERAN'S ADMINISTRATION.

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 444 GRANT STREET GARY, IN 46404	19.b. NEAREST RELATIVE (Name and address - include Zip Code) VIVIAN W. WILLIAMS 444 GRANT STREET GARY, IN 46404
20. MEMBER REQUESTS COPY 6 BE SENT TO TN DIR. OF VET AFFAIRS ☒ Yes ☐ No	22. OFFICER AUTHORIZED TO SIGN (Typed name, grade, title and signature) D. C. THOMAS, GS9, TRANSPERSOFF BY DIROIC
21. SIGNATURE OF MEMBER BEING SEPARATED Derick Williams	

DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete. MEMBER 1

23. TYPE OF SEPARATION TEMPORARY DISABILITY RETIRED LIST	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE
25. SEPARATION AUTHORITY CHNAVPERS MSG 092009Z JUL 90 AND MILPERSMAN 3850340	26. SEPARATION CODE SFK	27. REENTRY CODE RE-4
28. NARRATIVE REASON FOR SEPARATION PLACED ON TEMPORARY DISABILITY RETIRED LIST		
29. DATES OF TIME LOST DURING THIS PERIOD TL: NONE	30. MEMBER REQUESTS COPY 4 Initials	

DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete. MEMBER 4

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
STOP
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
ROBERT (BOB) FRE RECORDER
AUG 20 11 36 AM '96
SEAL INDIANA