

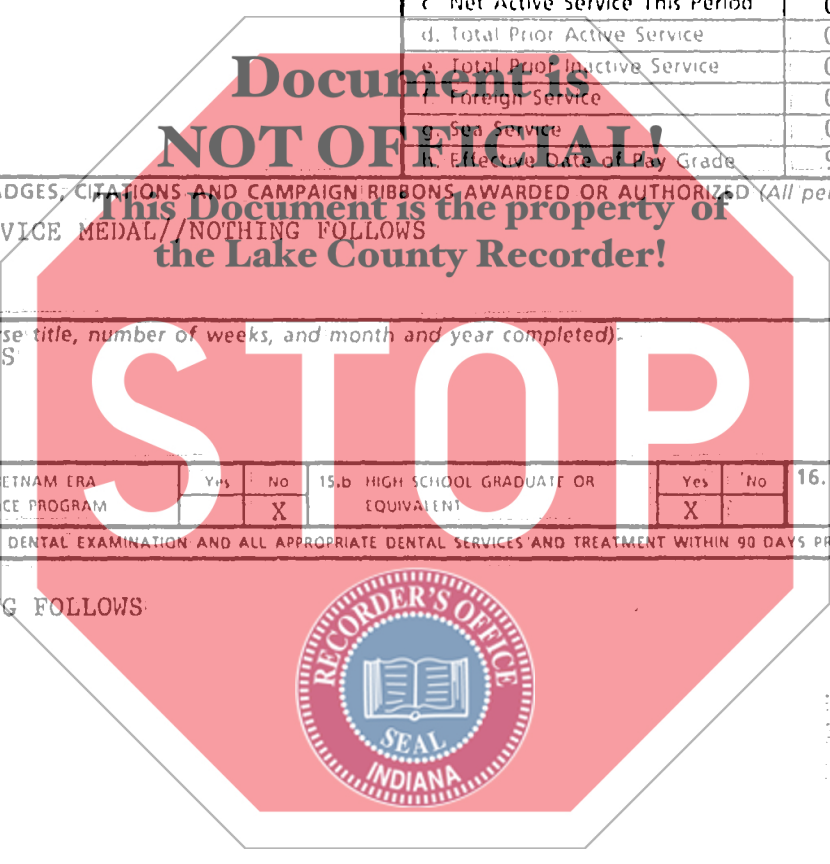
CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WILKINS CHELSEA MARLENE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / RA		3. SOCIAL SECURITY NO. 303 74 7156		
4.a. GRADE, RATE OR RANK PV1	4.b. PAY GRADE E-1	5. DATE OF BIRTH (YYMMDD) 721118		6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 00		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, IL		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 2210 FILLMORE ST GARY, IN 46407				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 'TC CO B 2-10TH IN 3D BT BDE		8.b. STATION WHERE SEPARATED USAEC&FLW FORT LEONARD WOOD, MO				
9. COMMAND TO WHICH TRANSFERRED NA				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 100000		
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				
		a. Date Entered AD This Period	91	01	08	
		b. Separation Date This Period	92	02	06	
		c. Net Active Service This Period	00	00	29	
		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		91	01	08
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//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	Yes		No
				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 <input type="checkbox"/> Yes <input type="checkbox"/> No						
18. REMARKS BLOCK 17: NA//NOTHING FOLLOWS						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 2210 FILLMORE ST GARY, IN 46407			19.b. NEAREST RELATIVE (Name and address - include Zip Code) AMY A BRITTON 2168 KENTUCKY ST GARY, IN 46407			
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) GRANT D. BATCHELDER GS-7 CH TRANSITION PT			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Chelsea M Wilkins</i>						



RECEIVED
FEB 10 2 25 PM '92
STATE OF INDIANA

DD Form 214, NOV 88		Previous editions are obsolete.		MEMBER - 1	
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED			
25. SEPARATION AUTHORITY AR 635-200, PARA 5-11		26. SEPARATION CODE JFT		27. REENTRY CODE RE-3	
28. NARRATIVE REASON FOR SEPARATION DID NOT MEET PROCUREMENT MEDICAL FITNESS STANDARDS - NO DISABILITY					
29. DATES OF TIME LOST DURING THIS PERIOD NONE				30. MEMBER REQUESTS COPY 4 <i>cmw</i> Initials	