

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) **NORRIS, JAMES JUEL 93014614** 2. DEPARTMENT, COMPONENT AND BRANCH: **ARMY** 3. SOCIAL SECURITY NO: **617 66 440**

4.a. GRADE, RATE OR RANK: **TEC** 4.b. PAY GRADE: **E3** 5. DATE OF BIRTH (YYMMDD): **720320** 6. RESERVE OBLIG. TERM. DATE: Year **76** Month **03** Day **23**

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): **HIGHLAND, IL 46322**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: **1ST BN 50TH INFANTRY TRADOC TC** 8.b. STATION WHERE SEPARATED: **FAIRBELL, OK**

9. COMMAND TO WHICH TRANSFERRED (USAR CONTROL GROUP (ANL-TNG) ARPERCEN) **9700 PAGE BLVD, ST. LOUIS, MO 63132-5200** 10. SGLI COVERAGE: Amount \$ **10000** 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.) **11B1F INFANTRYMAN - 4 YRS 5 MOS / NOTHING FOLLOWS**

12. RECORD OF SERVICE

	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	90	10	30
b. Separation Date This Period	77	08	07
c. Net Active Service This Period	01	09	08
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	10	30

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) **ARMY SERVICE RIBBON, NATIONAL DEFENSE SERVICE MEDAL / NOTHING FOLLOWS**

14. MILITARY EDUCATION (Course, title, number of weeks, and month and year completed) **NOTHING FOLLOWS**

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

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

18. REMARKS: BLOCK 6, PERIOD OF DEPT 700324 90102977 THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH ANY OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR AND/OR CONTINUED COMPATIBILITY WITH THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM / NOTHING FOLLOWS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code): **7525 JARNECKE HAMMOND IN 46324** 19.b. NEAREST RELATIVE (Name and address - Include Zip Code): **RACHEL NORRIS ADDRESS SAME AS BLOCK 19A**

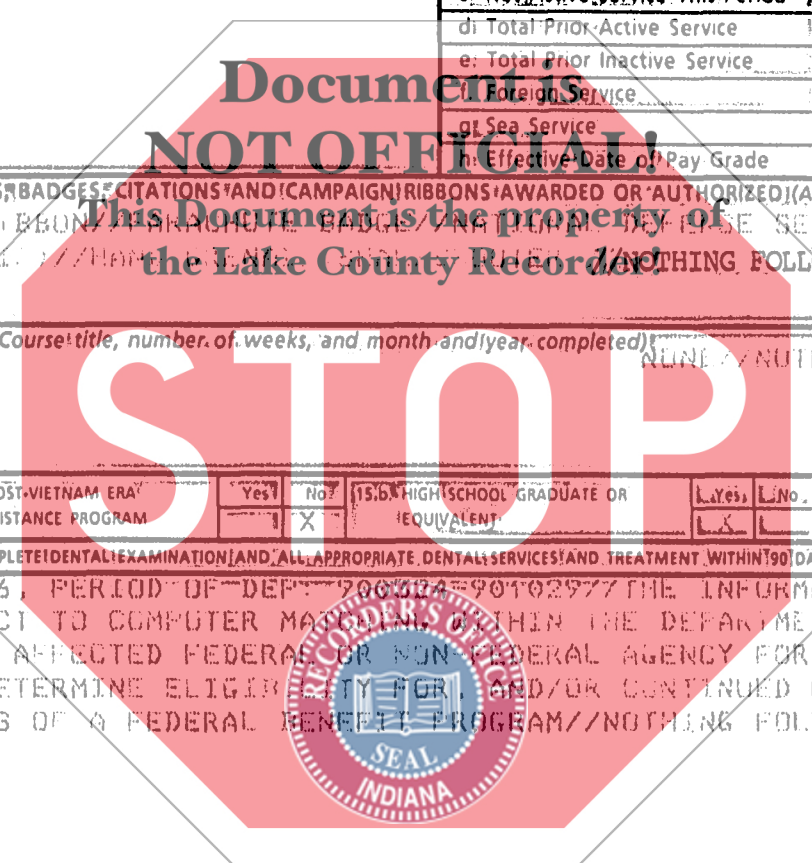
20. MEMBER REQUESTS COPY BE SENT TO: IN  DIR. OF VET. AFFAIRS: Yes  No  21. SIGNATURE OF MEMBER BEING SEPARATED: *James J. Norris* 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature): **R.A. HOLYBLE, GS9, C. TRANSITION PNT**

DD Form 214, NOV 88. Previous editions are obsolete. MEMBER-1

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) 23. TYPE OF SEPARATION: **RELEASE FROM ACTIVE DUTY** 24. CHARACTER OF SERVICE (Include upgrades): **HONORABLE** 25. SEPARATION AUTHORITY: **105-200, PARA 5-1.3** 26. SEPARATION CODE: **12FV** 27. REENTRY CODE: **RE-3**

28. NARRATIVE REASON FOR SEPARATION: **FAILURE TO MEET BODY FAT STANDARDS** 29. DATES OF TIME LOST DURING THIS PERIOD: **NONE** 30. MEMBER REQUESTS COPY: Initials

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STATE OF INDIANA  
DEPARTMENT OF MILITARY AFFAIRS & VETERANS SERVICES  
FILE NO. 93014614  
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