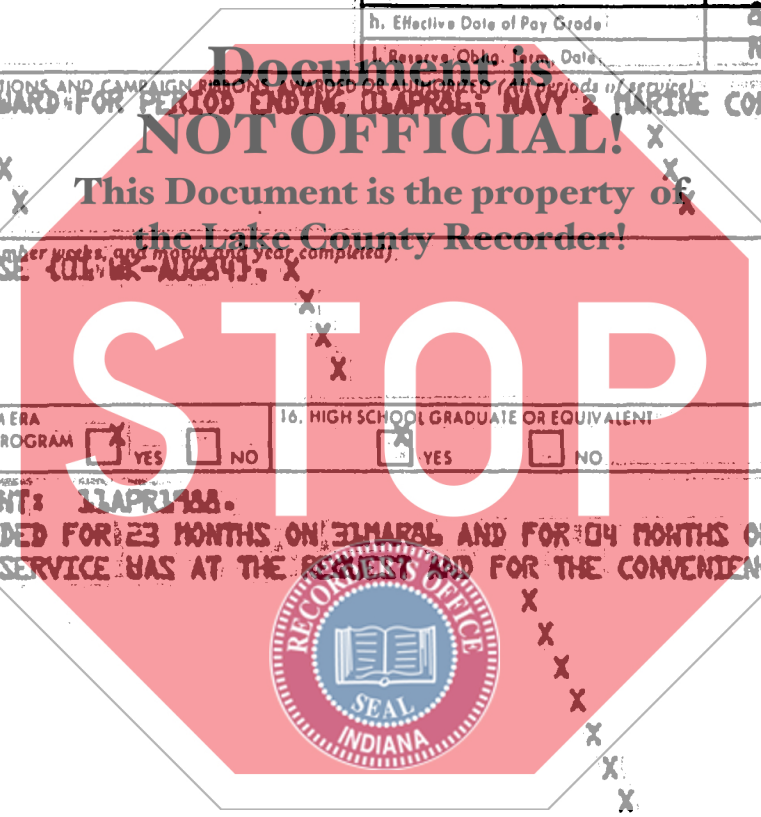


DD FORM 1 JUL 79 214		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME (Last, first, middle) LOTT, CAROLYN DENISE 93056344		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NO. 315 72 774				
4a. GRADE, RATE OR RANK RM3	4b. PAY GRADE EV	5. DATE OF BIRTH 10 JUL 12	6. PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO IL					
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NYCC CUBI PT RP			8. STATION WHERE SEPARATED PERSUPDET SUBIC BAY RP					
9. COMMAND TO WHICH TRANSFERRED NA			10. SGLI COVERAGE AMOUNT \$ 50 000 <input type="checkbox"/> NONE					
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY. (Additional specialty numbers and titles involving periods of one or more years) RT-0000				12. RECORD OF SERVICE				
				a. Date Entered AD This Period		YEAR (s)	MON (s)	DAY (s)
				b. Separation Date This Period		88	APR	01
				c. Net Active Service This Period		06	00	00
				d. Total Prior Active Service		00	00	00
				e. Total Prior Inactive Service		00	00	00
				f. Foreign Service		01	05	00
				g. Sea Service		00	00	00
				h. Effective Date of Pay Grade		88	JUN	02
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) FIRST GOOD CONDUCT AWARD FOR PERIOD ENDING 04 APR 87 NAVY & MARINE CORPS OVERSEAS SERVICE RIBBON (OL AWARD) X								
14. MILITARY EDUCATION (Copy Title, number weeks, and month and year completed) MASTER OPERATOR COURSE (OL WK-AUG84) X								
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID 00.0				
18. REMARKS IMMEDIATE REENLISTMENT: 11 APR 1988. ENLISTMENT WAS EXTENDED FOR 23 MONTHS ON 21 MAR 87 AND FOR 04 MONTHS ON 25 FEB 89. EXTENSION OF ACTIVE SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT. X								
19. MAILING ADDRESS AFTER SEPARATION NYCC CUBI PT RP APO SAN FRANCISCO 96651				20. MEMBER REQUESTS COPY OF OFFICIAL RECORDS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Carolyn D. Lott</i>			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN F. M. HALPAYA, PMS (SU), USN, MILPERSUPVRBYDIROIC					



REPRODUCED AT GOVERNMENT EXPENSE

STATE OF INDIANA / S. NO. LAKE COUNTY FILED FOR RECORD

AUG 27 2 36 PM '88
SAMUEL ORLICK
RECORDER

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGED	24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE		
25. SEPARATION AUTHORITY MILPERSMAN 3620100	26. SEPARATION CODE RE-R1	27. REENLISTMENT CODE KBM	
28. NARRATIVE REASON FOR SEPARATION WITHIN THREE MONTHS OF EXPIRATION OF ENLISTMENT			
29. DATES OF TIME LOST DURING THIS PERIOD TL-NONE			30. MEMBER REQUESTS COPY OF OFFICIAL RECORDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CDL INITIALS