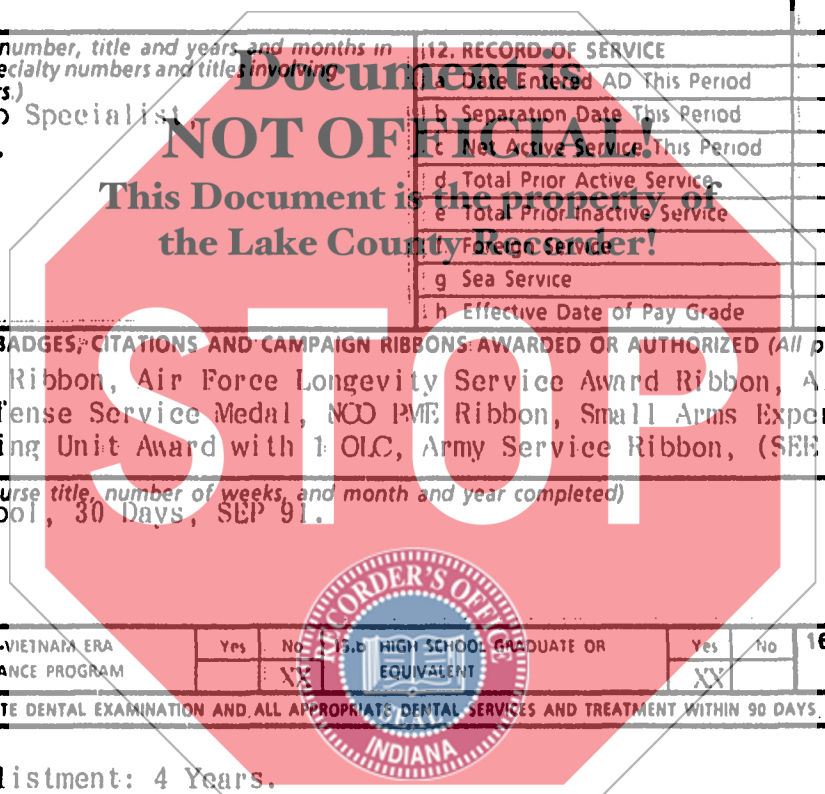


**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) BURNS ROBYN EVONNE		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--RIG AF		3. SOCIAL SECURITY NO. 310   80   1747					
4.a. GRADE, RATE OR RANK SGT	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 1961 MAY 04		6. RESERVE OBLIG. TERM. DATE Year NA   Month NA   Day NA					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY INDIANAPOLIS IN.			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) GARY IN						
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 554 MED GP (TAC)			8.b. STATION WHERE SEPARATED NELLIS AFB NV						
9. COMMAND TO WHICH TRANSFERRED NOT APPLICABLE				10. SGLI COVERAGE Amount. \$ 100,000- <input type="checkbox"/> 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.) 92450 - Medical Lab Specialist 3 Years & 2 Months.		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)			
		a. Date Entered AD This Period		1988	OCT	28			
		b. Separation Date This Period		1992	MAR	18			
		c. Net Active Service This Period		03	04	22			
		d. Total Prior Active Service		04	01	20			
		e. Total Prior Inactive Service		02	05	06			
		f. Foreign Service		00	00	00			
		g. Sea Service		00	00	00			
		h. Effective Date of Pay Grade		1988	OCT	20			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Training Ribbon, Air Force Longevity Service Award Ribbon, Air Force Good Conduct Medal, National Defense Service Medal, NCO PME Ribbon, Small Arms Expert Marksmanship Ribbon, Air Force Outstanding Unit Award with 1 OLC, Army Service Ribbon, (SEE REMARKS)									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NCO Leadership School, 30 Days, SEP 91.									
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 30.5-	
			XX				XX		
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
18. REMARKS Term of Current Enlistment: 4 Years. BLOCK 13: Army Good Conduct Medal, Army Overseas Service Ribbon. Separation Pay: 5472.90 -----NOTHING FOLLOWS-----						S. J. GLENN 3 47 PM '93 CLERK OF INDIANA'S S.S. NO. LAKE COUNTY CLERK FOR RECORDS			
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 3737 Pierce St. Gary IN 46408			19.b. NEAREST RELATIVE (Name and address include Zip Code) Patty S. Glenn, 3737 Pierce St. Gary IN 46408						
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> IN <input type="checkbox"/> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) ROSE F. GREENSPAN, GS-7, USAF Supt., Separations/Retirements						
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Robyn E. Burns</i>									



# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>BURNS ROBYN EVONNE</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>AIR FORCE--REG AF</b>		3. SOCIAL SECURITY NO: <b>310   80   1747</b>	
4.a. GRADE, RATE OR RANK <b>SGT</b>	4.b. PAY GRADE <b>E4</b>	5. DATE OF BIRTH (YYMMDD) <b>1961 MAY 04</b>		6. RESERVE OBLIG. TERM. DATE Year <b>NA</b> Month <b>NA</b> Day <b>NA</b>	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>INDIANAPOLIS IN</b>			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>GARY IN</b>		
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>554-MED-GP-(TAC)</b>			8.b. STATION WHERE SEPARATED <b>NELLS AFB NV</b>		
9. COMMAND TO WHICH TRANSFERRED <b>NOT APPLICABLE</b>				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>100,000</b>	

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.) <b>92450 - Medical Lab Specialist, 3 Years &amp; 2 Months.</b>	12. RECORD OF SERVICE			
	a. Date Entered AD This Period	<b>1988</b>	<b>OCT</b>	<b>28</b>
	b. Separation Date This Period	<b>1992</b>	<b>MAR</b>	<b>18</b>
	c. Net Active Service This Period	<b>03</b>	<b>04</b>	<b>22</b>
	d. Total Prior Active Service	<b>04</b>	<b>01</b>	<b>20</b>
	e. Total Prior Inactive Service	<b>02</b>	<b>05</b>	<b>06</b>
	f. Foreign Service	<b>00</b>	<b>00</b>	<b>00</b>
g. Sea Service	<b>00</b>	<b>00</b>	<b>00</b>	
h. Effective Date of Pay Grade		<b>1988</b>	<b>OCT</b>	<b>20</b>

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

**Air Force Training Ribbon, Air Force Longevity Service Award Ribbon, Air Force Good Conduct Medal, National Defense Service Medal, NCO PME Ribbon, Small Arms Expert Marksmanship Ribbon, Air Force Outstanding Unit Award with 1 OLC, Army Service Ribbon, (SEE REMARKS)**

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

**NCO Leadership School, 30 Days, SEP 91.**

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

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

18. REMARKS

Term of Current Enlistment: 4 Years.  
 BLOCK 13: Army Good Conduct Medal, Army Overseas Service Ribbon.  
 Separation Pay: 5472.90

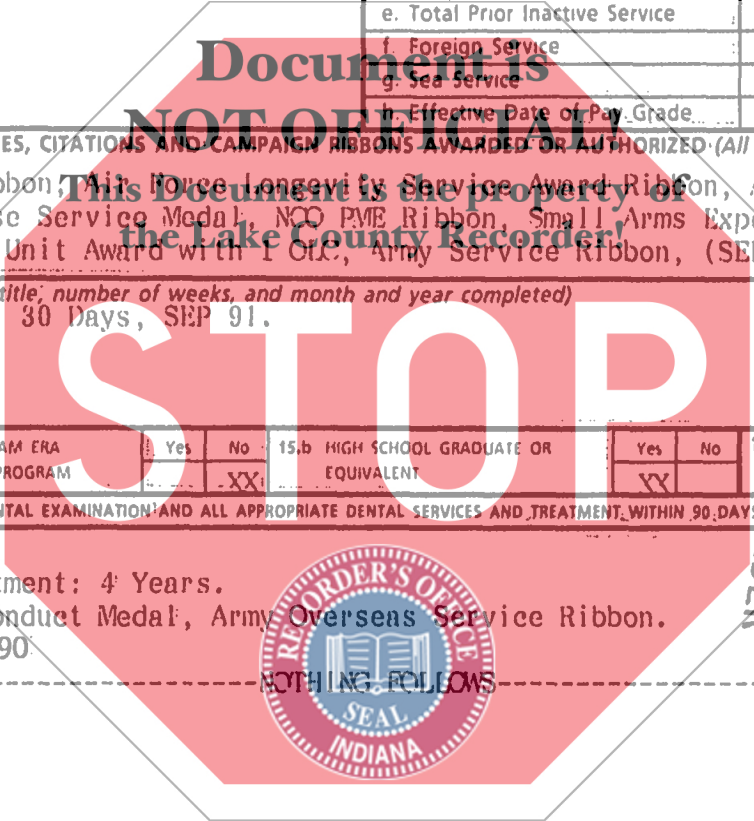
NOTHING FOLLOWS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>3737 Pierce St. Gary IN 46408</b>	19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>Patty S. Glenn, 3737 Pierce St. Gary IN 46408</b>
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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) <b>ROSE F. GREENSPAN, GS7, USAF Supt. Separations/Retirements</b>
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**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION <b>DISCHARGE</b>	24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>	
25. SEPARATION AUTHORITY <b>AFR 39-10</b>	26. SEPARATION CODE <b>DDG</b>	27. REENTRY CODE <b>2C</b>
28. NARRATIVE REASON FOR SEPARATION <b>INABILITY TO PERFORM PRESCRIBED DUTIES DUE TO PARENTHOOD</b>		
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>		30. MEMBER REQUESTS COPY 4 <input checked="" type="checkbox"/> Initials: <b>[Signature]</b>



SEP 20 3 47 PM '93  
 FILED IN INDIANA/S.S. HQ.  
 LAKE COUNTY, INDIANA  
 REC'D FOR RECORD