

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) JONES CATHY JEANINE		94006123	2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 314 86 2195		
4.a. GRADE, RATE OR RANK SP4	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 700424		6. RESERVE OBLIG. TERM. DATE Year 96 Month 06 Day 15			
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) 5361 MARYANN LN. MERRILLVILLE, IN 46410				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USA OPTEC TECO TRADOC TC			8.b. STATION WHERE SEPARATED FORT BENNING, GA 31905				
9. COMMAND TO WHICH TRANSFERRED USAR CTILGP (REINF) ARPERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132				10. SGLI COVERAGE None Amount: \$100,000.00			
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) 7110 ADMIN SP--3 YRS-7 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE					
		a. Date Entered AD This Period		88	11	01	
		b. Separation Date This Period		92	10	31	
		c. Net Active Service This Period		04	00	00	
		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		90	10	01	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: (All periods of service) ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//MARKSMAN MARKSMANSHIP BADGE RIFLE, M-16//NOTHING FOLLOWS							
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) ADMINISTRATIVE SPECIALIST, 8 WKS, 1989//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
			X			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 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
18. REMARKS SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DEP: 880616-881031//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 COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM//NOTHING FOLLOWS//							
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5361 MARY ANNE MERRILLVILLE, IN 46410				19.b. NEAREST RELATIVE (Name and address - include Zip Code) ORA B. WILLIAMSON SAME AS BLOCK 19A			
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) Elaine R. Porter ELAINE R. PORTER, SEC. ASST. ADJ. GEN.			
21. SIGNATURE OF MEMBER BEING SEPARATED SOLDIER NOT AVAILABLE TO SIGN							

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) **94008123** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/RA** 3. SOCIAL SECURITY NO. **114 Hh 2102**

4.a. GRADE, RATE OR RANK **SP4** 4.b. PAY GRADE **E-4** 5. DATE OF BIRTH (YYMMDD) **700421** 6. RESERVE OBLIG. TERM. DATE
 Year **77** Month **03** Day **1**

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)
1617 W. BARTON ST. MERRILLVILLE, IN 46410

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **USA OPTIC TRNG TRNG CTR** 8.b. STATION WHERE SEPARATED **PORT BRUNNEN, GA 31905**

9. COMMAND TO WHICH TRANSFERRED **USAR (TRNG) (REINT) AMPERCRN, 9700 PAGE BLVD, ST LOUIS, MO 63132** 10. SGLI COVERAGE None
 Amount: \$ **100,000.00**

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.) FIELD ADMIN SP 3 YRS 1 MON, NOTHING FOLLOWS	12. RECORD OF SERVICE		
	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	00	11	01
b. Separation Date This Period	97	10	31
c. Net Active Service This Period	01	00	00
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Total Inactive Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	97	10	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
ARMY COMMENDATION MEDAL // THIS DOCUMENT IS A PROPERTY OF THE LAKE COUNTY RECORDER! // NATIONAL DEFENSE SERVICE MEDAL // ARMY SERVICE RIBBON // MARKSMAN MARKSMANSHIP BADGE RIFLE, 11 16 // NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
ADMINISTRATIVE SPECIALIST, 9 WKS, 1989 // 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 **118**

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

18. REMARKS
 SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SURVEILLANCE // BLOCK 6, PERIOD OF DEP: 880616 801091 // 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 COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. // NOTHING FOLLOWS //

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
5361 MARY ANNE MERRILLVILLE, IN 46410 19.b. NEAREST RELATIVE (Name and address include Zip Code)
ORA B. WILKINSON SAME AS BLOCK 19A

20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET. AFFAIRS Yes No 21. SIGNATURE OF MEMBER BEING SEPARATED SOLDIER NOT AVAILABLE TO SIGN 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
ELAINE K. PORTER, SFC, ASST. ADJ. GEN.

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
AR 635-200, CHAPTER 4 26. SEPARATION CODE
10X 27. REENTRY CODE
P 28. NARRATIVE REASON FOR SEPARATION
EXPIRATION TERM OF SERVICE 29. DATES OF TIME LOST DURING THIS PERIOD
NONE 30. MEMBER REQUESTS COPY 4
 Initials