

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

002125

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) RYAN, CHARLES DUVAIL		2. DEPARTMENT, COMPONENT AND BRANCH NAVY "USN"		3. SOCIAL SECURITY NO. 311 98 2906	
4.a GRADE, RATE OR RANK SA	4.b PAY GRADE E2	5. DATE OF BIRTH (YYMMDD) 710627		6. RESERVE OBLIG. TERM. DATE Year N/A Month N/A Day N/A	
7.a PLACE OF ENTRY INTO ACTIVE DUTY MEPS CHICAGO IL			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 527 WEST 51ST PLACE GARY IN 46408-0000		
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVTECHTRACEN MERIDIAN MS			8.b STATION WHERE SEPARATED PERSUPP DET MERIDIAN MS		

9. COMMAND TO WHICH TRANSFERRED N/A	10. SGLI COVERAGE None <input type="checkbox"/> Amount: \$ 150,000.00
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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.) DG - 9750 - ADMINISTRATION AND SUPPORT 1 YEAR & 5 MOS	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
	a. Date Entered AD This Period	93	JUN	15
	b. Separation Date This Period	94	NOV	08
	c. Net Active Service This Period	01	04	24
	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	94	MAR	16	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)			
NATIONAL DEFENSE SERVICE MEDAL	X	X	X
	X	X	X
	X	X	X

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)			
RECRUIT TRAINING, 8 WEEKS, SEP93X	X	X	X
	X	X	X
	X	X	X

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
						111.20

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

18. REMARKS
DD FORM 214 WAS ADMINISTRATIVELY ISSUED ON . THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH 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.

19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 527 WEST 51ST PLACE GARY IN 46408	19.b NEAREST RELATIVE (Name and address - include Zip Code) CHARLES E RYAN 527 WEST 51ST PLACE GARY IN 46408
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20. MEMBER REQUESTS COPY BE SENT TO DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) D W SHIPP, PN1, USN, STUSECSUPVRBYDIROIC
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Charles E Ryan</i>	

