

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) TAYLOR, CHARLES LEVAN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NO. 313 76 9503	
4. GRADE, RATE, OR RATE PFC		4.b PAY GRADE B1		5. DATE OF BIRTH (YYYYMMDD) 19671027	
7.a PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINS, IL			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) CROWN POINT, IN 46307		
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND W1PT CO C TNG SPT BN ST TC			8.b STATION WHERE SEPARATED FT JACKSON, SC 29207-5000		
9. COMMAND TO WHICH TRANSFERRED 1FA BN 7 HHB BTY 3131 BRYN MAWR CHICAGO IL 60659				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000.00	
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.) 75B10 00 PERSONNEL ADMIN SP--0 YRS-0 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date entered AD This Period		1995	03
		b. Separation Date This Period		1995	05
		c. Net Active Service This Period		0000	01
		d. Total Prior Active Service		0001	08
		e. Total Prior Inactive Service		0000	11
		f. Foreign Service		0000	00
		g. Sea Service		0000	00
		h. Effective Date of Pay Grade		1995	02
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) AIR FORCE OUTSTANDING UNIT AWARD//ARMY SERVICE RIBBON//AIR FORCE TRAINING RIBBON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) PERSONNEL ADMINISTRATION SPECIALIST, 8 WEEKS, MAY 1995//NOTHING FOLLOWS					
15.a MEMBER CONTRIBUTED TO POST VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	
				No	
				X	
16. DAYS ACCUMULATED LEAVE PAID NONE					
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (include Zip Code) 8035 MATTERHORN BLDG H259 CROWN POINT, IN 46307			19.b NEAREST RELATIVE (Name and address - include Zip Code) LATANYA V TAYLOR 8035 MATTERHORN BLDG H259 CROWN POINT, IN 46307		
20. MEMBER REQUESTS COPY 8 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) DEREK A. OWENS CPT, OM COMMANDING		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Charles L. Taylor</i>					

