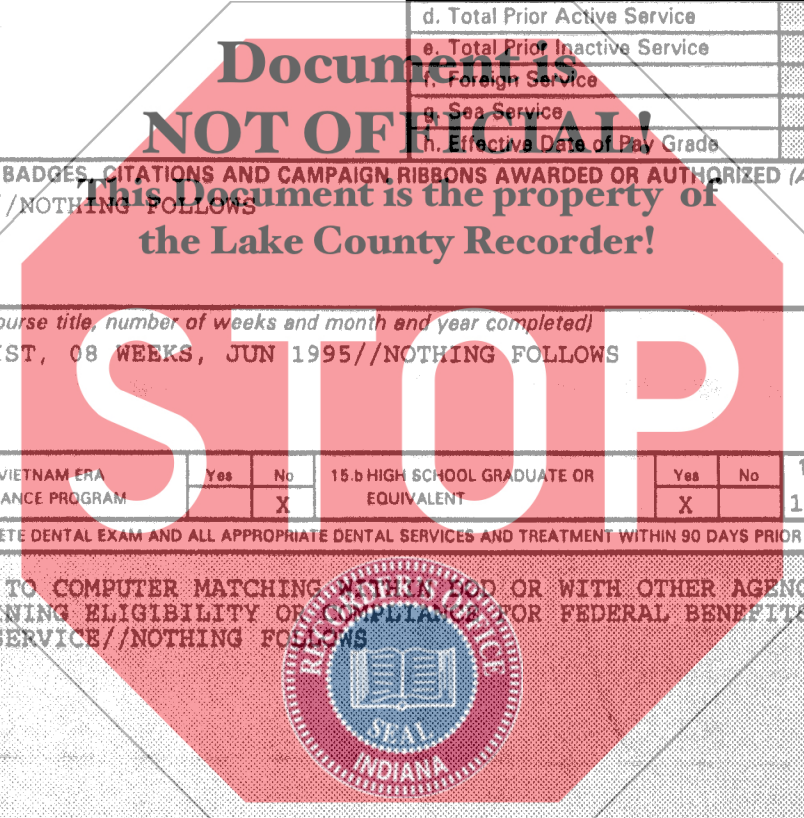


→ 1525 W. 74th Pl.  
Merrillville In. 46440

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

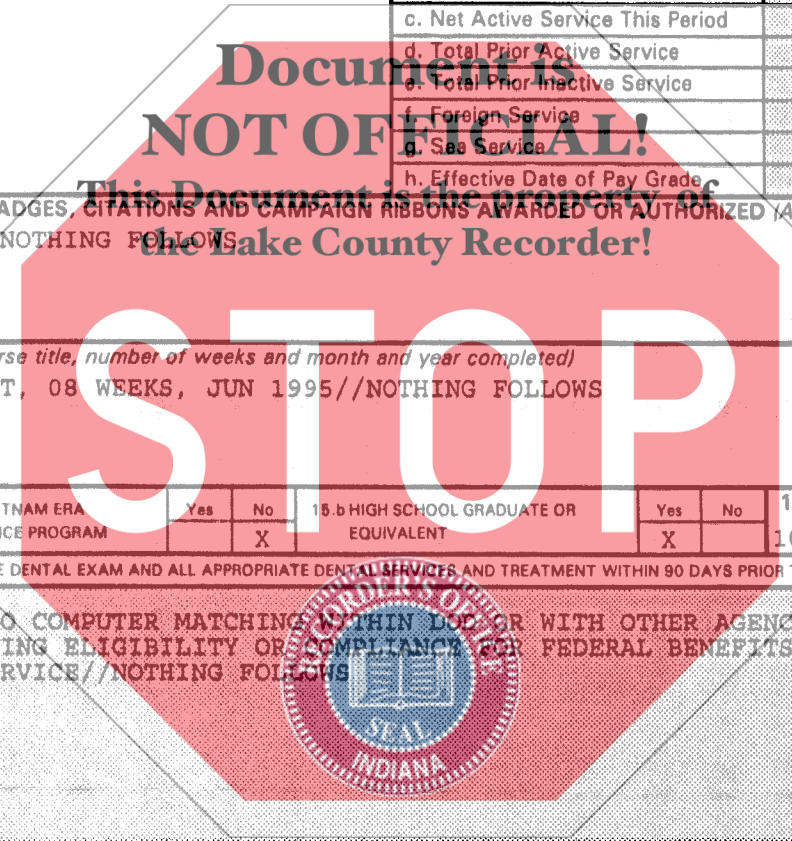
1. NAME (Last, First, Middle) PEARMAN, DANA ASHLEY		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NO. 313   92   1955	
4.a GRADE, RATE, OR RANK PV2	4.b PAY GRADE E2	5. DATE OF BIRTH (YYYYMMDD) 19760325		6. RESERVE OBLIG. TERM. DATE Year 2003   Month 01   Day 16	
7.a PLACE OF ENTRY INTO ACTIVE DUTY INDIANAPOLIS, IN		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 941 ELMWOOD CIRCLE NOBLESVILLE, IN 46060			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND W1D5 CO M TR TC		8.b STATION WHERE SEPARATED FORT LEE, VA 23801			
9. COMMAND TO WHICH TRANSFERRED HHC 6 BDE 85 DIV FT BEN HARRISON IN 46216				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.) 92Y10 00 UNIT SUPPLY SPECIALIST--0 YRS-0 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date entered AD This Period	1995	03	01
		b. Separation Date This Period	1995	06	26
		c. Net Active Service This Period	0000	03	26
		d. Total Prior Active Service	0000	00	00
		e. Total Prior Inactive Service	0000	01	14
		f. Foreign Service	0000	00	00
		g. Sea Service	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS		16. DAYS ACCRUED LEAVE PAID 10			
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) UNIT SUPPLY SPECIALIST, 08 WEEKS, JUN 1995//NOTHING FOLLOWS		15. MEMBER CONTRIBUTED TO POST VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM Yes No X			
15.b HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No X		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 EOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 941 ELMWOOD CIRCLE NOBLESVILLE, IN 46060			19.b NEAREST RELATIVE (Name and address - include Zip Code) MELINDA STREIF 941 ELMWOOD CIRCLE NOBLESVILLE, IN 46060		
20. MEMBER REQUESTS COPY 5 BE SENT TO IN DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) C GENE VENABLE, C, PERS PROC BRANCH			
22. SIGNATURE OF MEMBER BEING SEPARATED <i>Dana Ashley Pearman</i>					



STATE OF INDIANA  
 FILED FOR DEPOSIT  
 95 NOV 10 1995  
 MARCO...  
 333

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) PEARMAN, DANA ASHLEY		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NO. 313   92   3955		
4. GRADE, RATE, OR RANK PV2	4.5 PAY GRADE E2	5. DATE OF BIRTH (YYYYMMDD) 19760325		6. RESERVE OBLIG. TERM. DATE Year 2003   Month 01   Day 16		
7. PLACE OF ENTRY INTO ACTIVE DUTY INDIANAPOLIS, IN		7.5 HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 941 ELMWOOD CIRCLE NOBLESVILLE, IN 46060				
8. LAST DUTY ASSIGNMENT AND MAJOR COMMAND W1D5 CO M TR TC		8.5 STATION WHERE SEPARATED FORT LEE, VA 23801				
9. COMMAND TO WHICH TRANSFERRED HHC 6 BDE 85 DIV FT BEN HARRISON IN 46216			10. SGLI COVERAGE 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.) 92Y10 00 UNIT SUPPLY SPECIALIST--0 YRS-0 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE				
		Year(s)	Month(s)	Day(s)		
		a. Date entered AD This Period	1995	03	01	
		b. Separation Date This Period	1995	06	26	
		c. Net Active Service This Period	0000	03	26	
		d. Total Prior Active Service	0000	00	00	
		e. Total Prior Inactive Service	0000	01	14	
		f. Foreign Service	0000	00	00	
g. Sea Service	0000	00	00			
		h. Effective Date of Pay Grade	1995	01	24	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS						
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) UNIT SUPPLY SPECIALIST, 08 WEEKS, JUN 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	10		
16. DAYS ACCRUED LEAVE PAID 10						
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
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 COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS						
19. a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 941 ELMWOOD CIRCLE NOBLESVILLE, IN 46060			19. b NEAREST RELATIVE (Name and address - include Zip Code) MELINDA STREIF 941 ELMWOOD CIRCLE NOBLESVILLE, IN 46060			
20. MEMBER REQUESTS COPY B BE SENT TO IN DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>C Gene Venable</i> C GENE VENABLE, C, PERS PROC BRANCH			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>DANA ASHLEY PEARMAN</i>						



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 95 NOV 10 AM 2:33  
 MARGARET H. HENDON  
 RECORDER

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING	24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 <i>[Signature]</i> Initials