

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>GORSKI, GREGORY WILLIAM JR</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/RA</b>		3. SOCIAL SECURITY NO. <b>303   88   3792</b>	
4.a GRADE, RATE, OR RANK <b>PV1</b>	4.b PAY GRADE <b>E1</b>	5. DATE OF BIRTH (YYYYMMDD) <b>19780518</b>	6. RESERVE OBLIG. TERM. DATE Year <b>0000</b>   Month <b>00</b>   Day <b>00</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>2150 W 1450 NORTH WHEATFIELD, IN 46392</b>			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>W2L5 ITB 19 IN 01 BN CO E TR TC</b>		8.b STATION WHERE SEPARATED <b>FORT BENNING, GA 31905</b>			
9. COMMAND TO WHICH TRANSFERRED <b>NA</b>			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>200,000.00</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>NONE NONE--0 YRS-0 MOS//NOTHING FOLLOWS</b>		12. RECORD OF SERVICE			
		a. Date entered AD This Period	Year(s)	Month(s)	Day(s)
		b. Separation Date This Period	<b>1997</b>	<b>06</b>	<b>13</b>
		c. Net Active Service This Period	<b>1997</b>	<b>08</b>	<b>12</b>
		d. Total Prior Active Service	<b>0000</b>	<b>02</b>	<b>00</b>
		e. Total Prior Inactive Service	<b>0000</b>	<b>00</b>	<b>00</b>
		f. Foreign Service	<b>0000</b>	<b>00</b>	<b>00</b>
		g. Sea Service	<b>0000</b>	<b>00</b>	<b>00</b>
		h. Effective Date of Pay Grade	<b>1997</b>	<b>06</b>	<b>13</b>
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>NONE//NOTHING FOLLOWS</b>					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) <b>NONE//NOTHING FOLLOWS</b>					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	
			<b>X</b>	Yes	
				No	
				<b>X</b>	
16. DAYS ACCRUED LEAVE PAID				<b>5</b>	
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//BLOCK 4, PERIOD OF DELAYED ENTRY PROGRAM: 19960621-19970612//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE //NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>PO BOX 628 DEMOTTE, IN 46310</b>			19.b NEAREST RELATIVE (Name and address - include Zip Code) <b>BARBRA J EASATO 2150 W 1450 N WHEATFIELD, IN 46392</b>		
20. MEMBER REQUESTS COPY 8 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) <b>DUDLEY F. LOVE, CW3, USA, C. TRNS STU DIV</b>		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Gregory W Gorski Jr.</i>					

97065639

97003  
 MEMBER'S ORDER  
 PH 12:08  
 STATE OF INDIANA  
 CLAY COUNTY  
 FILED FOR RECORD

✓  
 Gregory Gorski  
 PO Box 628  
 Demotte, In. 46310

NC  
SC

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) GORSKI, GREGORY WILLIAM JR		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 303   88   3792					
4. a. GRADE, RATE, OR RANK PV1	4. b. PAY GRADE E1	5. DATE OF BIRTH (YYYYMMDD) 19780518		6. RESERVE OBLIG. TERM. DATE Year 0000   Month 00   Day 00					
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) 2150 W 1450 NORTH WHEATFIELD, IN 46392							
8. a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND W2L5 ITB 19 IN 01 BN CO E TR TC		8. b. STATION WHERE SEPARATED FORT BENNING, GA 31905							
9. COMMAND TO WHICH TRANSFERRED NA			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.) NONE NONE--0 YRS-0 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)			
		a. Date entered AD This Period		1997	06	13			
		b. Separation Date This Period		1997	08	12			
		c. Net Active Service This Period		0000	02	00			
		d. Total Prior Active Service		0000	00	00			
		e. Total Prior Inactive Service		0000	00	00			
		f. Foreign Service		0000	00	00			
		g. Sea Service		0000	00	00			
		h. Effective Date of Pay Grade		1997	06	13			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE//NOTHING FOLLOWS									
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) NONE//NOTHING FOLLOWS									
15. a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15. b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID	
			X			X		5	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						Yes	X	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/BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19960621-19970612//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE //NOTHING FOLLOWS						MOBILE CARRIER PH 12:08 STATE OF INDIANA LAMAR COUNTY FORT RECORD			
19. a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) PO BOX 628 DEMOTTE, IN 46310			19. b. NEAREST RELATIVE (Name and address--include Zip Code) BARBRA J EASATO 2150 W 1450 N WHEATFIELD, IN 46392						
20. MEMBER REQUESTS COPY 5 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) DUDLEY F. LOVELL CW3, USA, E, TRNE STO DIV						
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>									

97066639

MOBILE CARRIER  
PH 12:08  
STATE OF INDIANA  
LAMAR COUNTY  
FORT RECORD

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED	
25. SEPARATION AUTHORITY AR 635-200, PARA 5-11	26. SEPARATION CODE JFW	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION FAILURE TO MEET PROCUREMENT MEDICAL FITNESS STANDARDS		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials