	0	FLEASE O	OR DIS	CHARGE FR	OM AC	TIVE D	JTY		
1. NAME (Last, First, Middle)	T, COMPONENT AND	BRANCH	3. SOCIAL SECURITY NO.						
GORSKI, GREGORY WILLIAM	//RA		303   88   3792						
4.a GRADE, RATE, OR RANK			5.	5. DATE OF BIRTH (YYYYMMDD)		6. RESERVE OBLIG. TERM. DATE			
PV1	E1		19	780518		Year 0000	Day 00		
7.a PLACE OF ENTRY INTO ACTIVI	21	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 AN	8.1	STATION WHERE S	EPARATED	<del>-</del>					
N2L5 ITB 19 IN 01 BN CO	FO	FORT BENNING, GA 31905							
9. COMMAND TO WHICH TRANSF				10. SGLI COVERAGE None					
A						Amoun	t: \$ 200,00	0.00	
11. PRIMARY SPECIALTY (List num	nber, title and	years and month	ns in 12	. RECORD OF SERVI	CE	Year(s)	Month(s)	Day(s)	
specialty. List additional special periods of one or more years.)	ilty numbers ar	nd titles involving	g a.	Date entered AD This	s Period	1997	06	13	
NONE NONE0 YRS-0 MOS//NOTHING FOLLOWS				Separation Date This	Period	1997	· 08	12	
			c.	Net Active Service T	his Period	0000	02	00	
			d.	Total Prior Active Se	rvice	0000	00	00	
			e.	Total Prior Inactive S	ervice	0000	00	00	
			f.	Foreign Service		0000	0.0	00	
			g.	Sea Service		0000	00	00	
			h.	Effective Date of Pay	Grade	1997	<b>CD</b> 06	13	
15.8 MEMBER CONTRIBUTED TO POST-VIETE VETERAN'S EDUCATIONAL ASSISTANCE		Yes No 1	5.6 HIGH SCH EQUIVALE	OOL GRADUATE OR	Yes No	16. DAYS	ACCRUED LE	AVE PAID	
VETERAN'S EDUCATIONAL ASSISTANCE 17. MEMBER WAS PROVIDED A COMPLETE D	E PROGRAM	х	EQUIVALE	NT	Х	5	9		
VETERAN'S EDUCATIONAL ASSISTANCE  17. MEMBER WAS PROVIDED A COMPLETE DE LA COMPLE	E PROGRAM  DENTAL EXAM AND  COMPUTER  NG ELIGIB	MATCHING ILITY OR C	EQUIVALE DENTAL SERVI WITHIN OMPLIAN	NT CES AND TREATMENT WIT DOD OR WITH C	X HIN 90 DAYS PROTHER AGE AL BENEF	SNCIES IN	R CARRES	Y X X N	
VETERAN'S EDUCATIONAL ASSISTANCE  17. MEMBER WAS PROVIDED A COMPLETE OF  18. REMARKS DATA HEREIN SUBJECT TO  PURPOSES AND DETERMINI  DELAYED ENTRY PROGRAM:  //NOTHING FOLLOWS  19.a MAILING ADDRESS AFTER:  PO BOX 628	E PROGRAM DENTAL EXAM AND COMPUTER NG ELIGIB 19960621	ALL APPROPRIATE D MATCHING ILITY OR C -19970612/	EQUIVALE DENTAL SERVI WITHIN OMPLIAN /MEMBER	DOD OR WITH COME THE PORT OF T	X HIN 90 DAYS PR OTHER AGE AL BENEF: PLETED F: PLETED (Nan ATO) Y	SINCE FOR THE STATE OF THE STAT	FILEDまでRECORD 97 の学を著 PN I2: 08	AMION AMION FRANCIS INDIANA	
VETERAN'S EDUCATIONAL ASSISTANCE  17 MEMBER WAS PROVIDED A COMPLETE OF  18. REMARKS DATA HEREIN SUBJECT TO  PURPOSES AND DETERMINI  DELAYED ENTRY PROGRAM:  //NOTHING FOLLOWS   19.6 MAILING ADDRESS AFTER:  PO BOX 628  DEMOTTE, IN 46310	E PROGRAM DENTAL EXAM AND COMPUTER NG ELIGIB 19960621	MATCHING ILITY OR CI-19970612/	EQUIVALE DENTAL SERVI WITHIN OMPLIAN /MEMBER	CES AND TREATMENT WIT  DOD OR WITH CO  ICE FOR FEDERA  HAS NOT COME  HAS NOT COME  BARBRA J EASY  2150 W 1450 I  WHEATFIELD,	HIN 90 DAYS PROTECTED FOR THE PLETED	SINCE FOR THE STATE OF THE STAT	97 0C等 安然 PN I2: 08	Y X N N N N N N N N N N N N N N N N N N	
VETERAN'S EDUCATIONAL ASSISTANCE  17. MEMBER WAS PROVIDED A COMPLETE OF  18. REMARKS DATA HEREIN SUBJECT TO  PURPOSES AND DETERMINI  DELAYED ENTRY PROGRAM:  //NOTHING FOLLOWS   19.6 MAILING ADDRESS AFTER:  PO BOX 628	E PROGRAM DENTAL EXAM AND COMPUTER NG ELIGIB 19960621	MATCHING ILITY OR CI-19970612/	EQUIVALE DENTAL SERVI WITHIN OMPLIAN /MEMBER	DOD OR WITH COME  19.b NEAREST RE BARBRA J EAS 2150 W 1450 1 WHEATFIELD, 22. OFFICIAL AUT  and signature)	HIN 90 DAYS PER AGE AL BENEFT PLETED FOR THE PROPERTY OF THE P	SINCE FOR THE STATE OF THE STAT	97 0CF FILED PN 12: 08  s · include Zinneme, quade	ALION ALION FINDIANA O Codel	
VETERAN'S EDUCATIONAL ASSISTANCE  17. MEMBER WAS PROVIDED A COMPLETE EDUCATION  18. REMARKS DATA HEREIN SUBJECT TO PURPOSES AND DETERMINI DELAYED ENTRY PROGRAM: //NOTHING FOLLOWS  19.6 MAILING ADDRESS AFTER: PO BOX 628 DEMOTTE, IN 46310 20. MEMBER REQUESTS COPY 6 SE SENT TO 21. SIGNATURE OF MEMBER BEILT	E PROGRAM DENTAL EXAM AND COMPUTER NG ELIGIB 19960621	MATCHING ILLITY OR CI-19970612/	EQUIVALE DENTAL SERVI WITHIN OMPLIAN /MEMBER	DOD OR WITH COME  THE PORT OF	HIN 90 DAYS PER AGE AL BENEFT PLETED FOR THE PROPERTY OF THE P	SINCE FOR THE STATE OF THE STAT	PHIZ: 08	ALION OF INDIANA	

V Gregory Gorski PO Box 628 Demotte, In. 46310

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CERTIFICA	TE OF R	ELEA	SE	OR DI	SCHARGE F	ROM	AC	TIVE D	UTY			
1: NAME (Løst, First, Middle)			2.	DEPARTM	ENT, COMPONENT AN	ID BRAI	NCH	2.5	. SOCIAL SE	<ul> <li>Accessor (1986) 600 (1986)</li> </ul>		
GORSKI, GREGORY WILLIAM			AR	MY/RA					303 88	3792		
4. GRADE, RATE, OR RANK	andra and a substitution of the substitution o			5. DATE OF BIRTH (YYYYMMDD)				/E OBLIG. TEI				
PV1	E1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			.9780518				Month 00			
	PLACE OF ENTRY INTO ACTIVE DUTY					7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 2150 W 1450 NORTH						
INDIANAPOLIS, IN  8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND					WHEATFIELD, IN 46392 8.b STATION WHERE SEPARATED							
		_										
W2L5 ITB 19 IN 01 BN C		TC			FORT BENNING, C	<i>i</i> А 3.	1905	10 50110	OVERAGE	None		
	ENNED									ا تاسيا		
NA  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 NONE0 YRS-0 MOS//NOTHING FOLLOWS				ntho in	12. RECORD OF SERV		Amount: \$ 200,000.00 Year(s)   Month(s)   Day(s)					
				iina 🕒	a. Date entered AD Th		-		Month(s)	Day(s)		
				. J-	b. Separation Date Thi			1997	06	13		
	NOME NOME0 IRS-0 MOS//NOTHING FOLLOWS				c. Net Active Service			1997 0000	08	00		
					d. Total Prior Active Service		.50	****	00	00		
				1	e. Total Prior Inactive S			0000	400	00		
				<b>⊢</b> -	f. Foreign Service	20, 1100		0000	00	00		
				J	g. Sea Service			0000	900	00		
				J	h. Effective Date of Pa	v Grada		1997	O1 06	13		
14. MILITARY EDUCATION (Cours NONE//NOTHING FOLLOWS  18. MEMBER CONTRIBUTED TO POST-VIETI VETERAN'S EDUCATIONAL ASSISTANC  17. MEMBER WAS PROVIDED A COMPLETE IS 18. REMARKS DATA HEREIN SUBJECT TO PURPOSES AND DETERMINI DELAYED ENTRY PROGRAM: //NOTHING FOLLOWS	NAMERA E PROGRAM DENTAL EXAM AN COMPUTER NG BLIGIE	Yes D ALL APP	No X ROPRIA	15.6 HIGH S EQUIVA TE DENTAL SE S WITHI COMPLIA	CHOOL GRADUATE OR ALENT RVICES AND TREATMENT WI N DOD OR WITH ANCE FOR FEDER.	OTHER AL BE	AGE NEFI	5 SARARA OR TO SERARA NOTES FOR TS // PLO	OF VER	CATION		
19.8 MAILING ADDRESS AFTER S PO BOX 628 DEMOTTE, IN 46310 20. MEMBER REQUESTS COPY 6 BE SENT TO 21. SIGNATURE OF MEMBER BEI	o IN DIR OF	VET, AFF			19.b NEAREST REBARBRA J EAS 2150 W 1450 WHEATFIELD, and signature) DUDLEY F. LO	ATO N IN 4 HORIZI	6392			, title		
	SPECIAL	ADDIT	ONAL	INFORMA	TION (For use by autho		*****			********* <b>*</b>		
23. TYPE OF SEPARATION					24, CHARACTER OF UNCHARACTERIZE	i-saissaisa	E (Incl	ide upgrade	s)			
DISCHARGE 25. SEPARATION AUTHORITY	i i a singa ay in Magaalaya day Tanan in tanan sa day in tanan sa	egi <sub>a</sub> appatri na puni	nyagaa ka s	St. grinding Photoco	26. SEPARATION CO		90000000	27. REEN	TRY CODE			
AR 635+200, PARA 5+11					JFW			3				

28. NARRATIVE REASON FOR SEPARATION

FAILURE TO MEET PROCUREMENT MEDICAL FITNESS STANDARDS

30. MEMBER REQUESTS COPY 4