



# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY


1. NAME (Last, First, Middle) COLBY, MARK ANDREW		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 305 02 2752	
4.a GRADE, RATE, OR RANK CPL	4.b PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 19750509		6. RESERVE OBLIG. TERM. DATE Year 2001 Month 08 Day 11	
7.a PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO, IL		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 3552 FILLMORE GARY, IN 46408-0000			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC 63 SC BN CZ		8.b STATION WHERE SEPARATED FORT GORDON, GA 30905-5000			
9. COMMAND TO WHICH TRANSFERRED 342 CM CO 7400 S PULASKI RD CHICAGO IL 60629				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 130,000.00	
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.) 77F10 00 PETROLEUM SUPPLY SP--2 YRS-10 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date entered AD This Period	1993	10	12
		b. Separation Date This Period	1997	03	11
		c. Net Active Service This Period	0003	05	00
		d. Total Prior Active Service	0000	00	00
		e. Total Prior Inactive Service	0000	00	00
		f. Foreign Service	0001	00	00
		g. Sea Service	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//SHARPSHOOTER MARKSMANSHIP QUALIFICATION BADGE WITH RIFLE BAR//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) 77 FL PSS, 9 WEEKS, 1994//ASIH7, 5 WEEKS, 1994//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 ACCRUED 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 type="checkbox"/> Yes <input checked="" 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 6, PERIOD OF DELAYED ENTRY PROGRAM: 19930812-19931011//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE //NOTHING FOLLOWS  DATE: 12/5/97 BOOK: PAGE: DOCUMENT NUMBER: 97083452 FILED IN THE STATE OF INDIANA, COUNTY OF LAKE BY RECORDER MORRIS W. CARTER Time: 12:55:32 PM					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 3552 FILLMORE GARY, IN 46408-0000			19.b NEAREST RELATIVE (Name and address - include Zip Code) JULIA COLBY 3552 FILLMORE GARY, IN 46408-0000		
20. MEMBER REQUESTS COPY 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) DEO F VONTMAYOR, SFC, USA, CH, TRANS PT			
21. SIGNATURE OF MEMBER BEING SEPARATED 					

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1. NAME (Last, First, Middle) <b>COLBY, MARK ANDREW</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/RA</b>		3. SOCIAL SECURITY NO. <b>305   02   2752</b>						
4.a GRADE, RATE, OR RANK <b>CPL</b>	4.b PAY GRADE <b>E4</b>	5. DATE OF BIRTH (YYYYMMDD) <b>19750509</b>		6. RESERVE OBLIG. TERM. DATE Year <b>2001</b>   Month <b>08</b>   Day <b>11</b>						
7.a PLACE OF ENTRY INTO ACTIVE DUTY <b>CHICAGO, IL</b>		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>3552 FILLMORE GARY, IN 46408-0000</b>								
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HHC 63 SC BN CZ</b>		8.b STATION WHERE SEPARATED <b>FORT GORDON, GA 30905-5000</b>								
9. COMMAND TO WHICH TRANSFERRED <b>342 CM CO 7400 S PULASKI RD CHICAGO IL 60629</b>				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>130,000.00</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>77F10 00 PETROLEUM SUPPLY SP--2 YRS-10 MOS //NOTHING FOLLOWS</b>		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)				
		a. Date entered AD This Period		<b>1993</b>	<b>10</b>	<b>12</b>				
		b. Separation Date This Period		<b>1997</b>	<b>03</b>	<b>11</b>				
		c. Net Active Service This Period		<b>0003</b>	<b>05</b>	<b>00</b>				
		d. Total Prior Active Service		<b>0000</b>	<b>00</b>	<b>00</b>				
		e. Total Prior Inactive Service		<b>0000</b>	<b>00</b>	<b>00</b>				
		f. Foreign Service		<b>0001</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>1995</b>	<b>12</b>	<b>01</b>				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//SHARPSHOOTER MARKSMANSHIP QUALIFICATION BADGE WITH RIFLE BAR//NOTHING FOLLOWS</b>										
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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		
			<b>X</b>			<b>X</b>		<b>NONE</b>		
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION								Yes	<b>X</b>	No
18. REMARKS <b>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: 19930812-19931011//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE //NOTHING FOLLOWS</b>						DATE: <b>12/5/97</b> BOOK: PAGE: DOCUMENT NUMBER: <b>97083452</b> FILED IN THE STATE OF INDIANA, COUNTY OF LAKE BY RECORDER <b>MORRIS W. CARTER</b> Time: <b>12:55:32 PM</b>				
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>3552 FILLMORE GARY, IN 46408-0000</b>				19.b NEAREST RELATIVE (Name and address - include Zip Code) <b>JULIA COLBY 3552 FILLMORE GARY, IN 46408-0000</b>						
20. MEMBER REQUESTS COPY 4 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>DEQ F. FONTMAYOR, SFC, USA, CH, TRANS PT</b>				
21. SIGNATURE OF MEMBER BEING SEPARATED 										

### SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION <b>RELEASE FROM ACTIVE DUTY</b>		24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>			
25. SEPARATION AUTHORITY <b>AR 635-200</b>		26. SEPARATION CODE <b>MBK</b>		27. REENTRY CODE <b>1</b>	
28. NARRATIVE REASON FOR SEPARATION <b>COMPLETION OF REQUIRED ACTIVE DUTY</b>					
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>				30. MEMBER REQUESTS COPY 4 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Initials	