1 1/3



	E OF RELEAS	SE OR L	DISCHARGE FRO	OM ACT	TIVE DU	ITY			
\$00ttT110			MENT, COMPONENT AND BRANCH 3. SOCIAL SECURITY NO.						
COLLINS, ROBERT EUGE							313 88 9463		
4.a. GRADE, RATE OR RANK EM3	4.b. PAY GRADE		5. DATE OF BIRTH (YYM	6. RESERVE OBLIG. TERM. DATE					
EM3 E4 7.a. PLACE OF ENTRY INTO ACTIVE DUTY			73NOV02 Year 99 Month 12 Day 08						
CHICAGO, IL			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) ST JOHN, IN						
B.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8.b. STATION WHERE SEPARATED						
			PERSUPPOET NTC GREAT LAKES IL						
9. COMMAND TO WHICH TRANSFERRED									
NAVAL RESERVE PERSON									
11. PRIMARY SPECIALTY (List number	r, title and years and	months in	12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)		
specialty. List additional specialty numbers and titles involving periods of one or more years.)			a. Date Entered AD This Period		92	SEP	15		
EM-0000 X X			b. Separation Date This Period		97	DEC	05		
X X X		c. Net Active Service This Period		05	02	21			
X X			rvice	00	00	00			
х х	X		e. Total Prior Inactive Service		00	00	00		
Х Х	X		f. Foreign Service		00	00	00		
х х	X		g. Sea Service		03	09	07		
X X 13. DECORATIONS, MEDALS, BADGES	X		h Effective Date of Pa		93	APR	08		
NAVY GOOD CONDUCT ME RIBBON (3), NATIONAL X X 14. MILITARY EDUCATION (Course tit	DEFENSE SERV	VICE ME	DAL, SOUTHWEST	r ASIA X	SERVICE X	MEDAL	X		
NUCFLDASCH EM "A" SC 2 WEEKS, MAR 94 X X	HOOL, 16 WE		•		TE MAIN X		E, X		
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM VES No 15.b. HIGH SCHOOL GRADUATE OR YES NO 16. DAYS ACCRUED LEAVE PAIL VETERANS' EDUCATIONAL ASSISTANCE PROGRAM XX EQUIVALENT XX NONE						VE PAID			
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION X Yes No.									
18. REMARKS									
THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. X X X X X X X X X X X X X X X X X X X									
X X	X	X,							
X X	x	2		1:10:11 AM	X	X			
19.a. MAILING ADDRESS AFTER SEPA	RATION (Include Zin	Code)	X X	TIVE (Name :	and address.	include Zin	Code)		
9130 90TH COURT	19.b. NEAREST RELATIVE (Name and address - include Zip Code)								
ST JOHN, IN 46373			THOMAS COLLINS, 9130 90TH COURT ST JOHN, IN 46373						
28. MEMBER REQUESTS COPY 6 BE SENT TO TN DIR. OF VET AFFAIRS K Ves No 22. AFFICIAL ACTHORIZEDITO, SIGN (Typed name, grade, title and									
21 SIGNATURE OF MEMBER BEING SEPARATED			T. M. SMITH	ney					