IDENTIFICATION PURPOSES ... AREAS RENDER FORM VOID

DD FORM 214 1 JUL 79 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 5897

1. NAME (Last, first, middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO
CLAVELL, LAURA GLORIA	NAVY - USN	382 | 76 | 1619

4a. GRADE, RATE OR RANK	4b. PAY GRADE	5. DATE OF BIRTH	6. PLACE OF ENTRY INTO ACTIVE DUTY
ADAR	E1	70JUL08	MILWAUKEE, WISCONSIN

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8. STATION WHERE SEPARATED
PATROL SQUADRON THREE-ONE	NAVAL AIR STATION, MOFFETT FIELD, CA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
N/A	AMOUNT $ 50,000 ☐ NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY *(Additional specialty numbers and titles involving periods of one or more years)*

0000/0000

DATE:7/14/98 BOOK: NA PAGE: NA
DOCUMENT NUMBER: 98053560
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12. RECORD OF SERVICE	YEAR(S)	MON(S)	DAY(S)
a. Date Entered AD This Period	89	NOV	20
b. Separation Date This Period	90	AUG	03
c. Net Active Service This Period	00	08	14
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	89	NOV	20
i. Reserve Oblig. Term. Date	NA	NA	NA

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*

X X X X X X X X X X

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14. MILITARY EDUCATION *(Course Title, number weeks, and month and year completed)*

AVIATION MACHINIST'S MATE CLASS "A" SCHOOL, (C-601-2010), 7.75 WKS, MAY90.
T-56-A10/14 FIRST DEGREE INTERMEDIATE MAINTENANCE, 04 WKS, JUL90.
X X X X X X X

15. MEMBER CONTRIBUTED TO POST VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	16. HIGH SCHOOL GRADUATE OR EQUIVALENT	17. DAYS ACCRUED LEAVE PAID
☐ YES ☐ NO	☐ YES ☐ NO	0.5

18. REMARKS

A COMPLETE DENTAL EXAMINATION WITH ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WERE COMPLETED WITHIN 90 DAYS OF SEPARATION.

DELORES LUND (MOTHER) 3530 MUDCREEK LANE, ROCK, MI 49880

X X X X X X X X X X X X X X X X X X X X X X X X

19. MAILING ADDRESS AFTER SEPARATION	20. MEMBER REQUESTS COPY 6 BE SENT TO MI DIR. OF VET AFFAIRS
3530 MUD CREEK LANE ROCK, MI 49880	☒ YES ☐ NO

21. SIGNATURE OF MEMBER BEING SEPARATED	22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
Laura G Clavell	R. E. STANSBURY, PNC USN BY DIRECTION PERSDIR BY DIR...

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

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Includes upgrades)	
DISCHARGED	HONORABLE	
25. SEPARATION AUTHORITY	**26. SEPARATION CODE**	**27. REENLISTMENT CODE**
MILPERSMAN 3620270	JFN	RE-3P

28. NARRATIVE REASON FOR SEPARATION PHYSICAL DISABILITY EXISTING PRIOR TO ENTRY ON ACTIVE DUTY, ESTABLISHED BY MEDICAL BOARD. NOT ENTITLED TO RECEIVE SEVERENCE PAY.

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4 (Initials)
TL: NONE	LGC

S/N 0102-LF-000-2140 SERVICE-2

9456 Hampton Dr. Apt. 4 Highland 46322