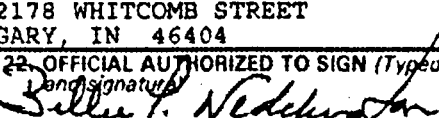


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <input checked="" type="checkbox"/>		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
CARSON, KEVIN DWAYNE		ARMY/RA		306 84 6273	
4.a GRADE, RATE, OR RANK	4.b PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIG. TERM. DATE		
PV2	E2	19790119	Year 0000	Month 00	Day 00
7.a PLACE OF ENTRY INTO ACTIVE DUTY		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
CHICAGO, IL		2178 WHITCCMB STREET GARY, IN 46404			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8.b STATION WHERE SEPARATED		
0320RFA BN 02 BTY C AIR ASLT FC			FT CAMPBELL, KY 42223-5000		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> None	
NA				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.)		12. RECORD OF SERVICE		Year(s)	Month(s)
13B10 CANNON CREWMEMBER--2 YRS-0 MOS//NOTHING FOLLOWS		a. Date entered AD This Period		1997	08
		b. Separation Date This Period		1999	12
		c. Net Active Service This Period		0002	03
		d. Total Prior Active Service		0000	00
		e. Total Prior Inactive Service		0000	00
		f. Foreign Service		0000	00
		g. Sea Service		0000	00
		h. Effective Date of Pay Grade		1999	08
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)					
ARMY SERVICE RIBBON//EXPERT BADGE HAND GRENADE//SHARPSHOOTER BADGE M-16 RIFLE//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	16. DAYS ACCRUED LEAVE PAID	
			X	Yes	No
		15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		X	32.5
17 MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
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: 19961022-19970819//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
DATE: 3/20/2000 BOOK: PAGE: DOCUMENT NUMBER: 2000-018666 FILED IN THE STATE OF INDIANA, COUNTY OF LAKE BY RECORDER: MORRIS W. CARTER					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b NEAREST RELATIVE (Name and address - include Zip Code)		
2178 WHITCOMB STREET GARY, IN 46404			VALERIE ANDREWS 2178 WHITCOMB STREET GARY, IN 46404		
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>IN</u> DIR OF VET. AFFAIRS		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Signature: <i>Billie P. Weddington</i> BILLIE P. WEDDINGTON, GS9, CHIEF, TRANSITION			
21. SIGNATURE OF MEMBER BEING SEPARATED					

nic

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <input checked="" type="checkbox"/>		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
CARSON, KEVIN DWAYNE		ARMY/RA		306 84 6273	
4.a GRADE, RATE, OR RANK	4.b PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIG. TERM. DATE		
PV2	E2	19790119	Year 0000	Month 00	Day 00
7.a PLACE OF ENTRY INTO ACTIVE DUTY		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
CHICAGO, IL		2178 WHITCOMB STREET GARY, IN 46404			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND		8.b STATION WHERE SEPARATED			
0320RFA BN 02 BTY C AIR ASLT FC		FT CAMPBELL, KY 42223-5000			
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE <input type="checkbox"/> None		
NA			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.)		12. RECORD OF SERVICE			
13B10 CANNON CREWMEMBER--2 YRS-0 MOS//NOTHING FOLLOWS		a. Date entered AD This Period	Year(s)	Month(s)	Day(s)
		1997	08	20	
		b. Separation Date This Period	1999	12	07
		c. Net Active Service This Period	0002	03	18
		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	1999	08	31
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)					
ARMY SERVICE RIBBON//EXPERT BADGE HAND GRENADE//SHARPSHOOTER BADGE M-16 RIFLE//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	
			X	Yes	
				No	
				X	
				16. DAYS ACCRUED LEAVE PAID	
				32.5	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
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: 19961022-19970819//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
<p>DATE 3/20/2000 BOOK PAGE:</p> <p>DOCUMENT NUMBER: 2000-018696</p> <p>FILED IN THE STATE OF INDIANA COUNTY OF LAKE</p> <p>BY RECORDER: MORRIS W. CARTER</p>					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)			19.b NEAREST RELATIVE (Name and address - include Zip Code)		
2178 WHITCOMB STREET GARY, IN 46404			VALERIE ANDREWS 2178 WHITCOMB STREET GARY, IN 46404		
20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
21. SIGNATURE OF MEMBER BEING SEPARATED			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)		
			 BILLIE P. WEDDINGTON, GS9, CHIEF, TRANSITION		
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (Include upgrades)			
DISCHARGE		HONORABLE			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
AR 635-200, PARA 15-3B		JRB		4	
28. NARRATIVE REASON FOR SEPARATION					
HOMOSEXUAL ADMISSION					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4	
NONE				Initials	