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ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>ANDERSON, BARBARA ANN</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/RA</b>		3. SOCIAL SECURITY NO. <b>315   02   9559</b>		
4.a. GRADE, RATE OR RANK <b>SPC</b>	4.b. PAY GRADE <b>E4</b>	5. DATE OF BIRTH (YYMMDD) <b>19740301</b>		6. RESERVE OBLIG. TERM. DATE Year <b>2001</b> Month <b>11</b> Day <b>28</b>		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>KNOXVILLE, TN</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>406 TOWN AND COUNTRY APTS ATHENS, TN 37303</b>				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>MADIGAN AMC MC</b>		8.b. STATION WHERE SEPARATED <b>FORT LEWIS, WA 98433</b>				
9. COMMAND TO WHICH TRANSFERRED <b>USAR CON GP (REINF) AR-PERSCOM, 9700 PAGE BLVD, ST LOUIS, MO 63132</b>		10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>200,000.00</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>91P10 00 X-RAY SPECIALIST--5 YRS-4 MOS //NOTHING FOLLOWS</b>		12. RECORD OF SERVICE				
		Year(s)	Month(s)	Day(s)		
		a. Date Entered AD This Period	<b>1994</b>	<b>02</b>	<b>14</b>	
		b. Separation Date This Period	<b>2000</b>	<b>02</b>	<b>13</b>	
		c. Net Active Service This Period	<b>0006</b>	<b>00</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>0000</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 06 01</b>		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>ARMY ACHIEVEMENT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//MARKSMAN MARKSMANSHIP QUALIFICATION BADGE WITH RIFLE BAR//NOTHING FOLLOWS</b>						
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>XRAY SPECIALIST COURSE (PHASE I), 20 WEEKS, 1994//MEDICAL SPECIALIST COURSE, 10 WEEKS, 1994 //XRAY SPECIALIST COURSE (PHASE II), 22 WEEKS, 1995//NOTHING FOLLOWS</b>						
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		
			<input checked="" type="checkbox"/>	Yes		
			<input checked="" type="checkbox"/>	No		
16. DAYS ACCRUED LEAVE PAID				<b>UNKN</b>		
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
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//SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19931129-19940213//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOT ELIGIBLE FOR SEPARATION PAY; SIGNED DECLINATION FOR CONTINUED SERVICE, DA FORM 4991-R//NOTHING FOLLOWS</b> <p style="text-align: right;">6/29/2000 Book: Page: Instrument Number: 2000-045885 ANDERSON, BARBARA ANN Filed in the State of Indiana, County of Lake By Recorder: <b>MORRIS W. CARTER</b></p>						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>7008 WEST 126TH AV CROWN POINT, IN 46307</b>			19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>MARJORIE ANDERSON, 7008 WEST 126TH AV CROWN POINT, IN 46307</b>			
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>IN</u> DIR. OF VET AFFAIRS		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>LARRY H. CLAY, GS9, CHIEF, TRANSITION CENTER</b>		
21. SIGNATURE OF MEMBER BEING SEPARATED <b>Barbara A Anderson</b>						

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			<b>X</b>	Yes	No
				<b>X</b>	
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#### 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, CHAP 4</b>		26. SEPARATION CODE <b>LBK</b>		27. REENTRY CODE <b>3</b>	
28. NARRATIVE REASON FOR SEPARATION <b>COMPLETION OF REQUIRED ACTIVE SERVICE</b>					
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>				30. MEMBER REQUESTS COPY 4 Initials	