

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. **CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, first, middle) **HARRISON CONZY RIVERA** 2. DEPARTMENT, COMPONENT AND BRANCH **USMC-11** 3. SOCIAL SECURITY NO. **308 | 64 | 5314**

4a. GRADE, RATE OR RANK **LCPL** 4b. PAY GRADE **E-3** 5. DATE OF BIRTH **560619** 6. PLACE OF ENTRY INTO ACTIVE DUTY **CHICAGO IL**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **HQSVCBn, 2dFSSG (Rein), FMFLant, CamLei 28542** 8. STATION WHERE SEPARATED **HQSVCBn, 2dFSSG (Rein) RUC 27101 FMFLant, CamLei 28542**

9. COMMAND TO WHICH TRANSFERRED **N/A** 10. SGLI COVERAGE AMOUNT \$ **20,000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 0100 - Basic Admin Clerk 1 year 2 months	12. RECORD OF SERVICE			YEAR (s)	MON (s)	DAY (s)
	B. Date Entered AD This Period			78	07	11
	b. Separation Date This Period			80	09	30
	c. Net Active Service This Period			02	02	20
	d. Total Prior Active Service			00	00	00
	e. Total Prior Inactive Service			00	01	10
	f. Foreign Service			00	11	10
	g. Sea Service			00	00	00
	h. Effective Date of Pay Grade			79	11	01
i. Reserve Oblig. Term. Date			00	00	00	

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

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

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID **NONE**

18. REMARKS
Good Conduct Medal Period commences 780711

11/9/2000 Book: Page:
Instrument Number: 2000-082218
HARRISON, CONZY RIVERA
Filed in the State of Indiana, County of Lake
By Recorder: **MORRIS W. CARTER**

19. MAILING ADDRESS AFTER SEPARATION
**5900 HEMLOCK AVENUE APT #202
GARY IN 46403** 20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED *Conzy Rivera* 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
L. C. KING, CWO-4 PERSONNEL OFFICER

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION **DISCHARGED** 24. CHARACTER OF SERVICE (Includes upgrades) **HONORABLE**

25. SEPARATION AUTHORITY **MARCORSEPMAN Par 6012.1c** 26. SEPARATION CODE **KDF 1** 27. REENLISTMENT CODE **RE: 1A**

28. NARRATIVE REASON FOR SEPARATION
Voluntary discharge by Reason of Pregnancy

29. DATES OF TIME LOST DURING THIS PERIOD **NONE** 30. MEMBER REQUESTS COPY 4 *ced* INITIALS



2000-082218

Document Mail Back to
Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name Conzy R. Harrison

Address 613 East 47th PL

City St Zip Gary IN 46409

Telephone 219-985-8370

Signature Printed Conzy Rivera Harrison

Signature Written Conzy R. Harrison

Date of Signature 11-9-2000

Check Number _____

Check Amount _____

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials _____