	VATE OF BELF	SAFEG			ALTERATIONS REAS RENDER	FORM V
1. NAME (Last, First, Middle)	ATE OF RELE		DISCHARGE FROM AC		JTY	
CROWDER, JASON RASHARI	`	2. DEPAR	TMENT, COMPONENT AND BRANCH		3. SOCIAL SEC	URITY N
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE		NAVY - USN		309 90	6906
SN	E3		5. DATE OF BIRTH (YYMMDD) 78 AUG-30 OUNT		/E OBLIG. TER	
7.a. PLACE OF ENTRY INTO ACTIVE					Month NA	Day
	20011		7.b. HOME OF RECORD AT TIME (address if known)	FIENTRY (Cit	y and state, or	complet
EAST CHICAGO, IN	2003 07	958L	4230 IVY/ST:, EAST CHICAG	O,∃IN 46312		
8.a. LAST DUTY ASSIGNMENT AND	_		8.b. STATION WHERE SEPARATED			
NAVAL MEDICAL CENTER, S	SAN DIEGO, CA		NAVAL MEDICAL CENTER,	SAN DIEGO	D. CA	
9. COMMAND TO WHICH TRANSFE				10. SGLI C		None
NAVAL RESERVE PERSONNE	EL CENTER, NEW (	ORLEANS,	<u>LA 70149</u>	Amoun	t: \$250,000.0	
<ol> <li>PRIMARY SPECIALTY (List number specialty). List additional special</li> </ol>	ber, title and years and	months in	12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s
periods of one or more years.)	ty numbers and titles i	nvolving	a. Date Entered AD This Period	01	SEP	13
SA - 0000			b. Separation Date This Period	03	APR	30
			c. Net Active Service This Period	01	07	18
			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	11	18
2 DECORATIONS METALS			h. Effective Date of Pay Grade IBBONS AWARDED OR AUTHORIZED	02	SEP	18
	Dog	cume	nt is			
5.a. MEMBER CONTRIBUTED TO POST-VIETNA	M ERA Yes N	lo <b>15</b> .ь. нісн	SCHOOL GRADUATE OR Yes No	16. DAYS	ACCRUED LEA	VE PAID
VETERANS' EDUCATIONAL ASSISTANCE		EQUI	VALENT	<b>⊣</b>	1.0	
/ MEMBER WAS PROVIDED COMPLETE DENT	AL EXAMINATION AND ALL	ADDOODDIATE OF	TO TO TO TO THE TAX TO THE			VE PAID
DELLA DICO	THE EXAMINATION AND ALE	APPROPRIATE DE	NTAL SERVICES AND TREATMENT WITHIN 90 E	AYS PRIOR TO SE	PARATION Y	- ISST
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S/N 0102-LF-006-5500 Previous editions are obsolete

MEMBER - 1

CAUTION: NOT TO BE USED FOR THIS IS AN IDENTIFICATION PURPOSES S	AFEGUARD IT.	A IA	REAS RENDER	TOTAL VO
CERTIFICATE OF RELEASE	OR DISCHARGE FROM AC			
1. NAME (Last, First, Middle) CROWDER, JASON RASHARD	EPARTMENT, COMPONENT AND BRANCH	İ	3. SOCIAL SE	
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NAVAL MEDICAL CENTER, SAN DIEGO, CA 9. COMMAND TO WHICH TRANSFERRED	NAVAL MEDICAL CENTER,			
NAVAL RESERVE PERSONNEL CENTER, NEW ORLEA		I	COVERAGE	None
11. PRIMARY SPECIALTY (List number, title and years and months	Sin 12 PECOPD OF SERVICE	Year(s)	nt: \$250,000.0	
specialty. List additional specialty numbers and titles involving periods of one or more years.)	a. Date Entered AD This Period	01	Month(s) SEP	Day(s)
SA - 0000	b. Separation Date This Period	03	APR	30
	c. Net Active Service This Period	01	07	18
	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	11	18
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPA	h. Effective Date of Pay Grade	02	SEP	18
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