

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) CROWDER, JASON RASHARD		2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN		3. SOCIAL SECURITY NO 309 90 6906	
4.a. GRADE, RATE OR RANK SN	4.b. PAY GRADE E3	5. DATE OF BIRTH (YYMMDD) 78 AUG 30		6. RESERVE OBLIG. TERM. DATE Year Month Day NA NA NA	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY EAST CHICAGO, IN		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 4230 IVY ST., EAST CHICAGO, IN 46312			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVAL MEDICAL CENTER, SAN DIEGO, CA		8.b. STATION WHERE SEPARATED NAVAL MEDICAL CENTER, SAN DIEGO, CA			
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149		10. SGLI COVERAGE Amount: \$250,000.00		None <input type="checkbox"/>	
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.) SA - 0000		12. RECORD OF SERVICE			
		a. Date Entered AD This Period		01	SEP
		b. Separation Date This Period		03	APR
		c. Net Active Service This Period		01	07
		d. Total Prior Active Service		00	00
		e. Total Prior Inactive Service		00	00
		f. Foreign Service		00	00
		g. Sea Service		00	11
		h. Effective Date of Pay Grade		02	SEP
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL.					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) SEAMAN APPRENTICESHIP TRAINING, 02 WKS DEC 01					


15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID 1.0
		X		X		

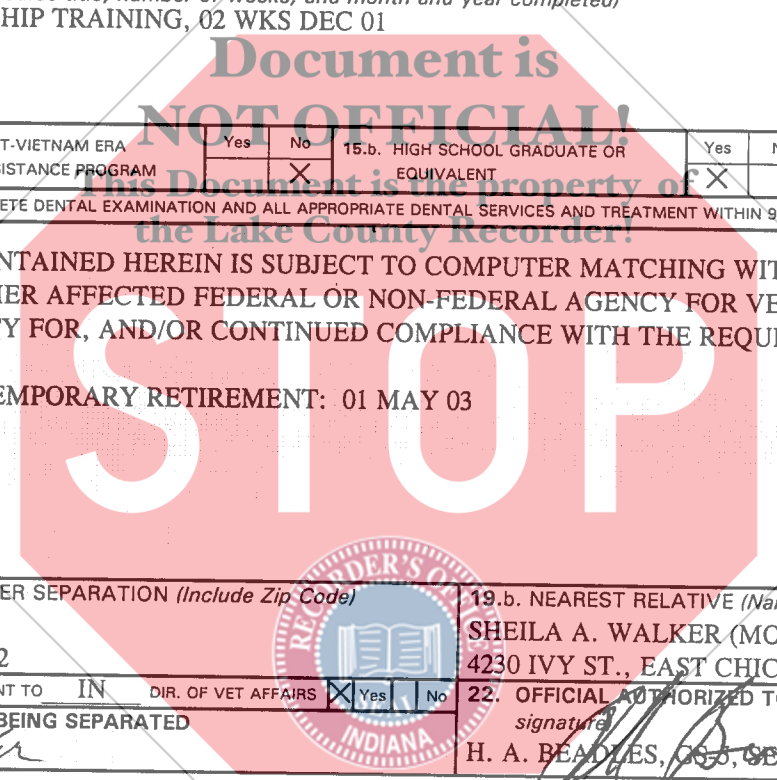
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No

18. REMARKS
THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH THE REQUIREMENT OF A FEDERAL BENEFIT PROGRAM.
EFFECTIVE DATE OF TEMPORARY RETIREMENT: 01 MAY 03
68555-03-1030-HAB

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 4230 IVY STREET EAST CHICAGO, IN 46312	19.b. NEAREST RELATIVE (Name and address - include Zip Code) SHEILA A. WALKER (MOTHER) 4230 IVY ST., EAST CHICAGO, IN 46312
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> IN <input type="checkbox"/> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) H. A. BEADLES, GE 1 SER SECSUPV BY DIR OIC
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>	

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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.) SA - 0000		12. RECORD OF SERVICE			
		Year(s)	Month(s)	Day(s)	
		a. Date Entered AD This Period	01	SEP	13
		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
		h. Effective Date of Pay Grade	02	SEP	18
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15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	16. DAYS ACCRUED LEAVE PAID 1.0	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
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21. SIGNATURE OF MEMBER BEING SEPARATED 					



SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION TEMPORARY DISABILITY RETIRED LIST		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE
25. SEPARATION AUTHORITY MPM 1850-030 AND CNPC MIL TN 120010Z MAR 03	26. SEPARATION CODE SFK	27. REENTRY CODE RE-2
28. NARRATIVE REASON FOR SEPARATION DISABILITY, TEMPORARY		
29. DATES OF TIME LOST DURING THIS PERIOD N/A		30. MEMBER REQUESTS COPY 4 JRC Initials