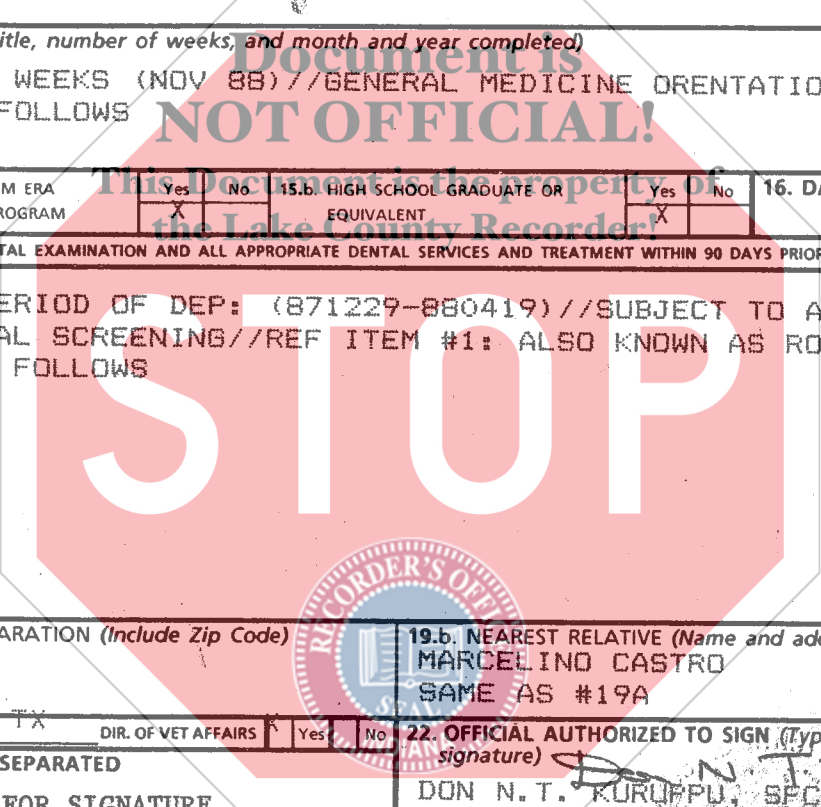


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) NT. #18 CASTRO, TORI MICHAELLE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 546 57 1670	
4.a. GRADE, RATE OR RANK SPC	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 650201		6. RESERVE OBLIG. TERM. DATE Year 95 Month 1 Day 28	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY OAKLAND, CA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) SUMMIT CITY, CA 96089			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND B CO LUSAH USAHSC-HS		8.b. STATION WHERE SEPARATED PRESIDIO OF SAN FRANCISCO, CA			
9. COMMAND TO WHICH TRANSFERRED 354 MED CO (LLR) 1920 E WASHINGTON AVE, HARLINGEN, TX 78550			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 100,000		
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.) 91F10 XRAY SPECIALIST 3 YEARS AND 6 MONTHS//NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	88	04	20
		b. Separation Date This Period	92	04	19
		c. Net-Active Service This Period	04	00	00
		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	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL (10LC)//GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//HUMANITARIAN SERVICE MEDAL//ARMY SERVICE RIBBON//M16 RIFLE (EXPERT) //HAND GRENADE (EXPERT)//ARMY LABEL BUTTON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) XRAY SPECIALIST 12 WEEKS (NOV 88)//GENERAL MEDICINE ORENTATION 4 WEEKS (JUN 88)//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. DAYS ACCRUED LEAVE PAID 205	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS BLOCK 6 INCLUDES PERIOD OF DEP: (871229-880419)//SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING//REF ITEM #1: ALSO KNOWN AS ROHRBACK, TORI MICHAELLE//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 501 S 1ST ST MCALLEN, TX 78501			19.b. NEAREST RELATIVE (Name and address - include Zip Code) MARCELINO CASTRO SAME AS #19A		
20. MEMBER REQUESTS COPY 6 BE SENT TO TX DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) DON N. T. KURUPPU, SPC, USA, CAPERS SGT			
21. SIGNATURE OF MEMBER BEING SEPARATED SOLDIER'S UNAVAILABLE FOR SIGNATURE					
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY AR 635-200 CHAP 4		26. SEPARATION CODE LBK		27. REENTRY CODE RE-1	
28. NARRATIVE REASON FOR SEPARATION EXPIRATION OF TERM OF SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD NONE				30. MEMBER REQUESTS COPY 4 Initials	



0065789
 2009
 FILE

