

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) STEVENSON, WALTER MILIT		2. DEPARTMENT, COMPONENT AND BRANCH NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 70149		3. SOCIAL SECURITY NO 309 1 4 2 2	
4.a. GRADE, RATE OR RANK HM3	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 07 JUL 1947		6. RESERVE OBLIG. TERM. DATE Year: 00, Month: 00, Day: 00	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY SAN DIEGO CA			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) GARY IN		
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVMEDCLINIC PEARL HARBOR HI			8.b. STATION WHERE SEPARATED PEARL HARBOR HI		
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 70149				10. SGLI COVERAGE None Amount: \$ 000 000 00	
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.) HM 0004 MEDICAL FIELD SERVICE TECHNICIAN CYCLE 11MOS X X X X X X X X X X X X		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period		87	AUG 20
		b. Separation Date This Period		94	JUL 15
		c. Net Active Service This Period		06	00 26
		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		02	00 01
		h. Effective Date of Pay Grade		91	00 APR 15
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL; SEA SERVICE DEPLOYMENT RIBBON; EXPERT PISTOL SHOT MEDAL; FLEET MARINE FORCE RIBBON; MERITORIOUS UNIT COMMENDATION X X X X X X X X X X					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) BASIC HOSPITAL CORPS SCHOOL (10WKS) FEB88; FIELD MEDICAL SERVICE SCHOOL (5WKS) APR88. X X X X X X X X X X					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No X		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No X		16. DAYS ACCRUED LEAVE/PAID 00 00 00	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No X					
18. REMARKS EFFECTIVE DATE OF TEMPORARY RETIREMENT: 94JUL16 THE RIGHT TO FILE A CLAIM WITH THE VETERAN'S ADMINISTRATION FOR COMPENSATION, PENSION, OR HOSPITALIZATION HAS BEEN EXPLAINED TO HM3 WALTER STEVENSON AND HE HAS SIGNED A STATEMENT TO THAT EFFECT AND HE DOES NOT DESIRE TO SUE FOR A CLAIM AT THIS TIME. SUBJECT TO ACTIVE DUTY RECALL BY SECRETARY OF THE NAVY. 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 CONTINUOUS ENLISTMENT TERM WAS EXTENDED FOR 31 MOS ON 01AUG90. EXTENSION WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1589 ARTHUR ST GARY, IN 46404			19.b. NEAREST RELATIVE (Name and address - include Zip Code) JAMES W. STEVENSON (FATHER) 1589 ARTHUR ST. GARY, IN 46404		
20. MEMBER REQUESTS COPY 6 BE SENT TO: DIR. OF VET AFFAIRS Yes No X		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) L. J. WILSON, ENCM, USN AGIC BY DIR.			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>					

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 MILPERSMAN 3860380		26. SEPARATION CODE SFK	27. REENTRY CODE RE-2
28. NARRATIVE REASON FOR SEPARATION DISABILITY, TEMPORARY			
29. DATES OF TIME LOST DURING THIS PERIOD TL: NONE		30. MEMBER REQUESTS COPY 4 <i>[Signature]</i> Initials	

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) STEVENSON, WALTER SCOTT		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN EN 3802		3. SOCIAL SECURITY NO. 308 70 4093		
4.a. GRADE, RATE OR RANK HM3	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 68 AUG 19		6. RESERVE OBLIG. TERM. DATE Year NA Month NA Day NA		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY SAN DIEGO CA			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) GARY IN			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVMEDCLINIC PEARL HARBOR HI			8.b. STATION WHERE SEPARATED PERSUPP DET PEARL HARBOR HI			
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 70149				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000.00		
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.) HM-0404-MEDICAL FIELD SERVICE TECHNICIAN (5YRS 11MOB) X X X X X X X X X X X X			12. RECORD OF SERVICE			
			a. Date Entered AD This Period	87	AUG	20
			b. Separation Date This Period	94	JUL	15
			c. Net Active Service This Period	06	10	26
			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	02	10	01
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL; SEA SERVICE DEPLOYMENT RIBBON; EXPERT PISTOL SHOT MEDAL; FLEET MARINE FORCE RIBBON; MERITORIOUS UNIT COMMENDATION. X X X X X X X X X X						
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) BASIC HOSPITAL CORPS SCHOOL (10WKS) FEB88; FIELD MEDICAL SERVICE SCHOOL (5WKS) APR88. X X X X X X X X X X X X						
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No X			15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No X		16. DAYS ACCRUED LEAVE PAID 00.0	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes <input checked="" type="checkbox"/> No						
18. REMARKS EFFECTIVE DATE OF TEMPORARY RETIREMENT: 94JUL16. THE RIGHT TO FILE A CLAIM WITH THE VETERAN'S ADMINISTRATION FOR COMPENSATION, PENSION, OR HOSPITALIZATION HAS BEEN EXPLAINED TO HM3 WALTER S. STEVENSON AND HE HAS SIGNED A STATEMENT TO THAT EFFECT AND HE DOES NOT DESIRE TO SUBMIT A CLAIM AT THIS TIME. SUBJECT TO ACTIVE DUTY RECALL BY SECRETARY OF THE NAVY. 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 CONTINUE COMPLIANCE WITH THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. ENLISTMENT TERM WAS EXTENDED FOR 31 MOB ON 91AUG20. EXTENSION WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT.						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1589 ARTHUR ST GARY, IN 46404			19.b. NEAREST RELATIVE (Name and address - include Zip Code) JAMES W. STEVENSON (FATHER) 1589 ARTHUR ST GARY IN 46404			
20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR OF VET AFFAIRS Yes No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) J. I. WILSON PNCM USN AGLC BY DTE			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Walter S. Stevenson</i>						