

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) LAKE, MICHAEL JOHN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/aa			3. SOCIAL SECURITY NO. [REDACTED]	
4.a. GRADE, RATE OR RANK PV2	4.b. PAY GRADE E-2	5. DATE OF BIRTH (YYMMDD) 081108	6. RESERVE OBLIG. TERM. DATE Year: Month: Day:			
7.a. PLACE OF ENTRY INTO ACTIVE DUTY PITTSBURGH, PA 15228		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 339 LANSDALE PLACE PITTSBURGH, PA 15228				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 158TH CS DETACHMENT FORSCOM (FO)		8.b. STATION WHERE SEPARATED FT BRAGG, NC 28307-5000				
9. COMMAND TO WHICH TRANSFERRED NONE			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 50,000.00			
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.) 35110-ELECTRONIC WARFARE INTERCEPT TACTICAL SYSTEMS REPAIRER 1YR 6MOS NOTHING FOLLOWS//		12. RECORD OF SERVICE				
		a. Date Entered AD This Period	Year(s)	Month(s)	Day(s)	
		b. Separation Date This Period	05	05	24	
		c. Net Active Service This Period	00	11	14	
		d. Total Prior Active Service	02	07	21	
		e. Total Prior Inactive Service	00	00	00	
		f. Foreign Service	00	00	00	
		g. Sea Service	00	00	00	
		h. Effective Date of Pay Grade	00	00	00	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//ARMY LAPEL BUTTON//M16 MARKSMAN//NOTHING FOLLOWS//						
14. MILITARY EDUCATION (Course, title, number of weeks, and month and year completed) ELECTRONIC WARFARE INTERCEPT TACTICAL SYSTEMS REPAIRER COURSE 39WKS 8908//NOTHING FOLLOWS//						
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes <input type="checkbox"/> No <input type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. DAYS ACCRUED LEAVE PAID					0000	
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 <input type="checkbox"/>	
18. REMARKS DELAYED ENLISTMENT PROGRAM: 880114-880328//ENLISTMENT BONUS PAID: \$4,000 DATE PAID: 8906// NOTHING FOLLOWS.						
<p>I CERTIFY THIS DOCUMENT TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL.</p> <p><i>[Signature]</i> Name: WARD JH Date: 6/18/85</p> <p>Authority: Veterans</p>						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 339 LANSDALE PL PITTSBURGH, PA 15228			19.b. NEAREST RELATIVE (Name and address, include Zip Code) [REDACTED] 339 LANSDALE PL PITTSBURGH, PA 15228			
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>[Signature]</i> DARRYL J. HENDERSON MSG USA CH FT BRAGG TC				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>						
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE				
25. SEPARATION AUTHORITY AR 636-200 PARA 5-13		26. SEPARATION CODE JFX		27. REENTRY CODE 3, 3C		
28. NARRATIVE REASON FOR SEPARATION PERSONALITY DISORDER						
29. DATES OF TIME LOST DURING THIS PERIOD NONE					30. MEMBER REQUESTS COPY 4 Initials	