

DD		FORM 1 JUL 79		214		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY		
1. NAME (Last, first, middle) SIMMONS, ERIK DAVID				2. DEPARTMENT, COMPONENT AND BRANCH USN				3. SOCIAL SECURITY NO. 542 04 5326		
4a. GRADE, RATE OR RANK FC2		4b. PAY GRADE E5		5. DATE OF BIRTH 66NOV21		6. PLACE OF ENTRY INTO ACTIVE DUTY PORTLAND, OR				
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS WORDEN CG18					8. STATION WHERE SEPARATED USS WORDEN CG18					
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA							10. SGLI COVERAGE AMOUNT \$ 50 000 <input type="checkbox"/> NONE			
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) FC--(9000)					12. RECORD OF SERVICE			YEAR (s)	MON (s)	DAY (s)
					a. Date Entered AD This Period			84	DEC	03
					b. Separation Date This Period			88	DEC	02
					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			03	01	22
					h. Effective Date of Pay Grade			86	OCT	16
					i. Reserve Oblig. Term. Date			90	DEC	02
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)										
GOOD CONDUCT MEDAL, BATTLE "E" AWARD										
X X X X X X X X X X										
X X X X X X X X X X										
X X X X X X X X X X										
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)										
AV "A" SCHOOL, 19 WEEKS, COMPLETED AUG 85										
X X X X X X X X X X										
X X X X X X X X X X										
X X X X X X X X X X										
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				17. DAYS ACCRUED LEAVE PAID <input checked="" type="checkbox"/>		
18. REMARKS RELEASED FROM ACTIVE DUTY: 88DEC02										
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19. MAILING ADDRESS AFTER SEPARATION 13760 NW MCLAIN WAY PORTLAND, OR 97229						20. MEMBER REQUESTS COPY 6 BE SENT TO _____ DIR. OF VET AFFAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO				
21. SIGNATURE OF MEMBER BEING SEPARATED					22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN D. A. RUSSELL, LCDR, USN EXECUTIVE OFFICER, BY DIRECTION					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASED FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILPERSMAN 3620150.1c		26. SEPARATION CODE LBK	27. REENLISTMENT CODE RE-1
28. NARRATIVE REASON FOR SEPARATION USN PERSONNEL RELEASED FROM ACTIVE DUTY AND TRANSFERRED TO INACTIVE DUTY			
29. DATES OF TIME LOST DURING THIS PERIOD TL: NONE			30. MEMBER REQUESTS COPY 4 INITIALS