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CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BRUEN, MICHAEL JAMES		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 123 64 0369	
4.a. GRADE, RATE OR RANK SPC	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 650615		6. RESERVE OBLIG. TERM. DATE Year 96 Month 01 Day 06	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY NEWARK, NJ		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) WEST HAVERSTRAW, NY			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HMB DIVARTY 2ND ARMD DIV FORSCOM FC		8.b. STATION WHERE SEPARATED FORT HOOD, TEXAS			
9. COMMAND TO WHICH TRANSFERRED USAR CONTROL GROUP {ANNUAL TRAINING} ARPERCEN, 9700 PAGE BLVD, ST. LOUIS, MO 63132				10. SGLI COVERAGE 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.) 13F10 FIRE SUPPORT SPECIALIST--1 YR-8 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date Entered AD This Period 88 03 29			
		b. Separation Date This Period 90 03 28			
		c. Net Active Service This Period 02 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 SERVICE RIBBON// ARMY LAPEL BUTTON// EXPERT BADGE HAND GRENADE// MARKSMAN BADGE RIFLE// NOTHING FOLLOWS		h. Effective Date of Pay Grade 90 02 05			
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) FIRE SUPPORT SPECIALIST COURSE, 7 WEEKS, 88// NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X		
16. DAYS ACCRUED LEAVE PAID 4 1/2				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 BLOCK 6, PERIOD OF DEP: 880107-880328// SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING// NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 102 BENSON ST {ROCKLAND} WEST HAVERSTRAW, NY 10993			19.b. NEAREST RELATIVE (Name and address - include Zip Code) MATTHEW BRUEN SAME AS BLOCK 15A		
20. MEMBER REQUESTS COPY 6 BE SENT TO NY DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) T.D. ALVERSON, ASST CHIEF, AG TRANSITION PT.		
21. SIGNATURE OF MEMBER BEING SEPARATED Michael J. Bruen					

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER - 1

ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

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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 CHAPTER 4, AR 135-200	26. SEPARATION CODE 19K	27. REENTRY CODE 1
28. NARRATIVE REASON FOR SEPARATION EXPIRATION TERM OF SERVICE		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials

MEMBER - 4

By Pauline S. Mendenhall