CAUTION: NOT TO BE USED FOR THIS IS AN IMPRIDENTIFICATION PURPOSES SAFEG	ANY	ALTERATION: REAS RENDER	S IN SHADED							
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY										
1. NAME (Last, First, Middle) 2. DEPART BRUEN- MICHAEL JAMES	MENT, COMPONENT AND BRANCH ARMY/RA	3	3. SOCIAL SECURITY NO.							
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SPC E4	650615	Year 9L	RVE OBLIG. TERM. DATE Month [] Day []							
7.a. PLACE OF ENTRY INTO ACTIVE DUTY	7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)									
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B.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b. STATION WHERE SEPARATED									
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9. COMMAND TO WHICH TRANSFERRED USAR CONTROL GROUP	-{ANNUAL TRAINING}	10. SGLI CO	VERAGE	None						
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·	f Aug. A D	1992 at	3:47	o'clock P	t	he <u>4t</u>	h M92	day
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