

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**  
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

<b>1. NAME (Last, First, Middle)</b> BRAUN AMANDA KATE		<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> AIR FORCE--REGAF		<b>3. SOCIAL SECURITY NUMBER</b> 305   94   3496			
<b>4a. GRADE, RATE OR RANK</b> CPT	<b>b. PAY GRADE</b> O3	<b>5. DATE OF BIRTH (YYYYMMDD)</b> 19831228	<b>6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)</b> N/A				
<b>7a. PLACE OF ENTRY INTO ACTIVE DUTY</b> GRANDVIEW IN		<b>b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)</b> GRANDVIEW IN					
<b>8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> 99 MEDICAL GP (ACC)			<b>b. STATION WHERE SEPARATED</b> JBSA RANDOLPH TX				
<b>9. COMMAND TO WHICH TRANSFERRED</b> N/A				<b>10. SGLI COVERAGE</b> <input checked="" type="checkbox"/> NONE AMOUNT: NONE			
<b>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.)</b>  47G3, DENTIST, 5 YEARS AND 0 MONTHS.		<b>12. RECORD OF SERVICE</b>			<b>YEAR(S)</b>	<b>MONTH(S)</b>	<b>DAY(S)</b>
		a. DATE ENTERED AD THIS PERIOD			2010	JUN	28
		b. SEPARATION DATE THIS PERIOD			2015	JUN	28
		c. NET ACTIVE SERVICE THIS PERIOD			05	00	01
		d. TOTAL PRIOR ACTIVE SERVICE			00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE			04	04	20
		f. FOREIGN SERVICE			01	00	23
		g. SEA SERVICE			00	00	00
		h. INITIAL ENTRY TRAINING			2010	JUN	28
		i. EFFECTIVE DATE OF PAY GRADE			2010	MAY	10
<b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</b> Air Force Commendation Medal, AF Outstanding Unit Award with 1 Oak Leaf Cluster, National Defense Service Medal, Global War on Terrorism Service Medal, Korean Defense Service Medal, AF Longevity Service, AF Training Ribbon.			<b>14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)</b> (OPR) COMMISSIONED OFFICER TRAINING, JUL 2010; (L7I) PREVENTIVE DENTISTRY, APR 2012.				
<b>15a. COMMISSIONED THROUGH SERVICE ACADEMY</b> YES X NO							
<b>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)</b> YES X NO							
<b>c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: _____)</b> YES X NO							
<b>16. DAYS ACCRUED LEAVE PAID</b> 0	<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b>				YES	NO	
<b>18. REMARKS</b> Member has completed first full term of service. Copy 3 to DVA Data Processing Center, Austin TX 78772 and copy 5 to Lockheed Martin Information Technology, U.S. Department of Labor, Federal Claims Control Center, P.O. Box 785070, Orlando, FL 32878-5070. -----NOTHING FOLLOWS-----							
<small>The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.</small>							
<b>19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)</b> 4932 EAST STATE ROAD 70 GRANDVIEW IN 47615			<b>b. NEAREST RELATIVE (Name and address - include ZIP Code)</b> MARTHA BRAUN 4932 EAST STATE ROAD 70 GRANDVIEW IN 47615				
<b>20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) <u>IN</u> OFFICE OF VETERANS AFFAIRS</b>				X	YES	NO	
<b>a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)</b>				X	YES	NO	
<b>21.a. MEMBER SIGNATURE</b> MEMBER NOT AVAILABLE TO SIGN	<b>b. DATE (YYYYMMDD)</b> N/A	<b>22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)</b> CAC/PKI SIGNED BY DUNCAN,CHRISTINA,ANN.1390320350 CONTRACTOR USAF, TFSC DD FORM 214 TECHNICIAN Jun 30 2015 12:17:14:000 PM CAC Serial Number: 48A696 IssuerCN: DOD CA-29			<b>b. DATE (YYYYMMDD)</b> 20150630		

<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>			
<b>23. TYPE OF SEPARATION</b> RESIGNATION		<b>24. CHARACTER OF SERVICE (Include upgrades)</b> HONORABLE	
<b>25. SEPARATION AUTHORITY</b> AFI 36-3207	<b>26. SEPARATION CODE</b> FBK	<b>27. REENTRY CODE</b> N/A	
<b>28. NARRATIVE REASON FOR SEPARATION</b> COMPLETION OF REQUIRED ACTIVE SERVICE			
<b>29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)</b> NONE			<b>30. MEMBER REQUESTS COPY 4 (Initials) N/A</b>