CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS 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) CARLSON, ERIC ARNOLD	2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN	3. SOCIAL SECURITY NO. 473 98 4971
4.a. GRADE, RATE OR RANK SN	4.b. PAY GRADE E3	5. DATE OF BIRTH (YYMMDD) 711117
6. RESERVE OBLIG. TERM. DATE Year NA Month Day		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY MINNEAPOLIS, MN	7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) ANOKA, MN	
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVAL LEGAL SERVICES OFFICE, GREAT LAKES IL	8.b. STATION WHERE SEPARATED PSD NTC GREAT LAKES IL	
9. COMMAND TO WHICH TRANSFERRED NA	10. SGLI COVERAGE Amount: $200,000.00 ☐ None	

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.)

DG-9760 ELECTRICAL/MECHANICAL EQUIPMENT REPAIRMAN.

X X X X X X X X X X

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	91	MAR	26
b. Separation Date This Period	94	AUG	25
c. Net Active Service This Period	03	05	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	02	22
h. Effective Date of Pay Grade	92	OCT	16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

NATIONAL DEFENSE SERVICE MEDAL, NAVY ACHIEVEMENT MEDAL. X

X X X X X X X X

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

BASIC ENLISTED SUBMARINE SCHOOL, 6WKS, 91AUG. X X

X X X X X X

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No X	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes X	No	16. DAYS ACCRUED LEAVE PAID 3.0

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 30 DAYS PRIOR TO SEPARATION ☐ Yes ☒ No

18. REMARKS

THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCIES FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. THE RIGHT TO FILE A CLAIM WITH VETERANS ADMINISTRATION FOR COMPENSATION, PENSION, OR HOSPITALIZATION HAS BEEN EXPLAINED TO ERIC ARNOLD CARLSON AND MEMBER HAS SIGNED A STATEMENT TO THAT EFFECT AND DOES NOT DESIRE TO SUBMIT A CLAIM AT THIS TIME. DISABILITY SEVERANCE PAY AUTHORIZED AND PAID IN THE AMOUNT OF $6,382.80.

X X X X X X X X X X

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 8642 168TH AVE NW ANOKA, SHERBURNE, MN 55303	19.b. NEAREST RELATIVE (Name and address - include Zip Code) JUDY CARKON, 8642 168TH AVE NW ANOKA, SHERBURNE, MN 55303
20. MEMBER REQUESTS COPY 6 BE SENT TO VA OR VET AFFAIRS ☒ Yes ☐ No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) D.M. THORNTON, PNC, USN, SEPSDT DIRECTOR
21. SIGNATURE OF MEMBER BEING SEPARATED Eric Arnold Carlson	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGED	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILPERSMAN 3620270 BUPERS MSG DTG 120917ZAUG94	26. SEPARATION CODE JEL	27. REENTRY CODE RE-3P
28. NARRATIVE REASON FOR SEPARATION DISABILITY, SEVERANCE PAY		
29. DATES OF TIME LOST DURING THIS PERIOD TL:NONE		30. MEMBER REQUESTS COPY 4 Initials

DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete

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