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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) JONES, STACY LYNN	2. DEPARTMENT, COMPONENT AND BRANCH NAVY USN	3. SOCIAL SECURITY NO. 389 72 4254
4.a GRADE, RATE OR RANK OSSN	4.b PAY GRADE E-3	5. DATE OF BIRTH (YYMMDD) 73JUN25
6. RESERVE OBLIG. TERM. DATE Year NA Month Day		
7.a PLACE OF ENTRY INTO ACTIVE DUTY ST. LOUIS MEPS SAINT LOUIS, MO 63103	7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 11 RIVER OAKS VILLAGE SPRINGFIELD, IL 62707	
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS JOHN F KENNEDY CV-67	8.b STATION WHERE SEPARATED USS JOHN F KENNEDY CV-67 AT MAYPORT FL	
9. COMMAND TO WHICH TRANSFERRED NA	10. SGLI COVERAGE ☐ None Amount: $ 100,000	

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.)
03-0342 NAVY TACTICAL COMMAND SYSTEM AFLOAT (NTCS-A) OPERATOR, 07 MOS.

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	92	OCT	28
b. Separation Date This Period	96	JAN	16
c. Net Active Service This Period	03	02	19
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	06	10
h. Effective Date of Pay Grade	95	DEC	16

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
NATIONAL DEFENSE SERVICE MEDAL, GOOD CONDUCT MEDAL W/1

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
OPERATIONS SPECIALIST CLASS "A" SCHOOL, 14 WKS, MAY93; NTCS-A OPERATOR, 03 WKS, JUN95.

15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No XX	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes XX	No	16. DAYS ACCRUED LEAVE PAID NONE

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 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 AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM.
DD 214 ADMINISTRATIVELY ISSUED 95JAN16.

19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) B #29 5885 EDENFIELD RD. JACKSONVILLE, FL 32277	19.b NEAREST RELATIVE (Name and address - include Zip Code) JUDITH JONES B #29 5885 EDENFIELD RD. JACKSONVILLE, FL 32277
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS FL ☒ Yes ☐ No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) F C COX PN1 USNR(TAR)SEPSUPVRBYDIRCO
21. SIGNATURE OF MEMBER BEING SEPARATED Stacy Lynn Jones	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MILPERSMAN 3620215	26. SEPARATION CODE KDG	27. REENTRY CODE RE-3B
28. NARRATIVE REASON FOR SEPARATION PARENTHOOD		
29. DATES OF TIME LOST DURING THIS PERIOD IL-NONE		30. MEMBER REQUESTS COPY 4 CLT Initials

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

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