

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) UNACHUKWU, EKWEGBALUM EMMANUEL		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SOCIAL SECURITY NUMBER 470 04 5545		
4a. GRADE, RATE OR RANK PFC	b. PAY GRADE E03	5. DATE OF BIRTH (YYYYMMDD) 19830211	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20211104			
7a. PLACE OF ENTRY INTO ACTIVE DUTY MINNEAPOLIS, MINNESOTA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 3912 MINNEHAHA AVENUE APT 2 MINNEAPOLIS MINNESOTA 55406-0000				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND COD369SIGBN15SIGBDE TR TC			b. STATION WHERE SEPARATED FORT GORDON TC, GA 30905-5020			
9. COMMAND TO WHICH TRANSFERRED 204TH ASMC MED CO (WX5XAA) 8180 BELDEN BLVD COTTAGE GROVE MN 55016				10. SGLI COVERAGE <input type="checkbox"/> 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.) 25U10 SIG SUPT SYS SPEC - 00 YRS 00 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		2014	07	15
		b. SEPARATION DATE THIS PERIOD		2015	03	19
		c. NET ACTIVE SERVICE THIS PERIOD		0000	08	05
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		0000	08	10
		f. FOREIGN SERVICE		0000	00	00
		g. SEA SERVICE		0000	00	00
		h. INITIAL ENTRY TRAINING		0000	08	05
		i. EFFECTIVE DATE OF PAY GRADE		2013	11	05
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) SIGNAL SUPPORT SYSTEMS SPECIALIST, 2015// NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY <input type="checkbox"/> YES <input checked="" type="checkbox"/> X <input type="checkbox"/> NO						
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) <input type="checkbox"/> YES <input checked="" type="checkbox"/> X <input type="checkbox"/> NO						
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: <u>NA</u>) <input type="checkbox"/> YES <input checked="" type="checkbox"/> X <input type="checkbox"/> NO						
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES	NO
18. REMARKS NONE//NOTHING FOLLOWS						
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.						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 3912 MINNEHAHA AVE 2 MINNEAPOLIS MINNESOTA 55406-0000			b. NEAREST RELATIVE (Name and address - include ZIP Code) VICTORIA D UNACHUKWU 640 HOLLY AVE APT 1 ST PAUL MINNESOTA 55104			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) <u>MN</u> OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> X YES <input type="checkbox"/> NO						
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) <input checked="" type="checkbox"/> X YES <input type="checkbox"/> NO						
21.a. MEMBER SIGNATURE ESIGNED BY: UNACHUKWU, EKWEGBALUM, EMM ANUEL.1471176253		b. DATE (YYYYMMDD) 20150319	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: BOLEN, CHRISTINA, KAY. 1148857527 CHRISTINA BOLEN, RSO/CHIEF TRANSITION CENTER		b. DATE (YYYYMMDD) 20150319	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE			30. MEMBER REQUESTS COPY 4 (Initials) EEU