

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) WEAVER JUSTIN NEWLY		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER (b)(6)	
4a. GRADE, RATE OR RANK PVT	b. PAY GRADE E-1	5. DATE OF BIRTH (YYYYMMDD) (b)(6)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000		
7a. PLACE OF ENTRY INTO ACTIVE DUTY MEPS OKLAHOMA CITY OK		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) (b)(6)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3RDBN RTR MCRD SD CA			b. STATION WHERE SEPARATED MCRD SAN DIEGO CA RUC 34022		
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE (b)(6) NONE AMOUNT: (b)(6)		
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.) 8000 BASIC MARINE		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	2007	12	03
		b. SEPARATION DATE THIS PERIOD	2007	12	14
		c. NET ACTIVE SERVICE THIS PERIOD	00	00	12
		d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE	00	00	21
		f. FOREIGN SERVICE	00	00	00
		g. SEA SERVICE	00	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		(b)(6)	YES	(b)(6)	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		(b)(6)	YES	(b)(6)	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
		X			
18. REMARKS SERIAL: (b)(6)					
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) (b)(6)			b. NEAREST RELATIVE (Name and address - include ZIP Code) (b)(6)		
20. MEMBER REQUESTS COPY 6 BE SENT TO		OK	DIRECTOR OF VETERANS AFFAIRS		X YES NO
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Justin Weaver</i>		22. OFFICIAL AUTHORIZED TO SIGN (Type name, grade, title and signature) <i>[Signature]</i> A.F. WEST GS-7 SUPER RCT SEPS			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION (b)(6)		24. CHARACTER OF SERVICE (Include upgrades) (b)(6)			
25. SEPARATION AUTHORITY (b)(6)		26. SEPARATION CODE (b)(6)		27. REENTRY CODE (b)(6)	
28. NARRATIVE REASON FOR SEPARATION (b)(6)					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE					30. MEMBER REQUESTS COPY 4 (Initials) <i>JW</i>