

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) DENNIS, JAMES H		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ATC		3. SOCIAL SECURITY NUMBER		
4a. GRADE, RATE OR RANK N/A	b. PAY GRADE N/A	5. DATE OF BIRTH (YYYYMMDD) 19261206	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000			
7a. PLACE OF ENTRY INTO ACTIVE DUTY N/A		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) N/A				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND ARMY TRANSPORTATION CORPS			b. STATION WHERE SEPARATED FORT KNOX, KY			
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE <input checked="" type="checkbox"/> NONE AMOUNT: \$			
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.) NONE//NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		1944	05	12
		b. SEPARATION DATE THIS PERIOD		1944	11	13
		c. NET ACTIVE SERVICE THIS PERIOD		0000	06	02
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		0000	00	00
		f. FOREIGN SERVICE		0000	06	02
		g. SEA SERVICE		0000	00	00
		h. INITIAL ENTRY TRAINING		0000	00	00
		i. EFFECTIVE DATE OF PAY GRADE		0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE//NOTHING FOLLOWS			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS			
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	<input checked="" type="checkbox"/> X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)			YES	<input checked="" type="checkbox"/> X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)			YES	<input checked="" type="checkbox"/> X	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 <input checked="" type="checkbox"/> X NO	
18. REMARKS PERIODS OF ACTIVE DUTY: 19440512-19440903 USAT ROSEBANK//19440904-19441113 F 49//THIS DOCUMENT ISSUED UNDER PL 95-202 (38 USC 106 NOTE) ADMINISTRATIVELY ESTABLISHES ACTIVE DUTY SERVICE FOR THE PURPOSES OF DEPARTMENT AFFAIRS BENEFITS//DD FORM 214 ADMINISTRATIVELY ISSUED ON 20160202//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) N/A			b. NEAREST RELATIVE (Name and address - include ZIP Code) MICHAEL R DENNIS			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) NA			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)				YES <input checked="" type="checkbox"/> X	NO	
21.a. MEMBER SIGNATURE NOT AVAILABLE TO SIGN	b. DATE (YYYYMMDD)	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: ROBERTS.NAOMI.JARUSHA.1181333274 NAOMI J ROBERTS, GS07, HUMAN RESOURCE ASSIST		b. DATE (YYYYMMDD) 20160202		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
25. SEPARATION AUTHORITY PL 95-202		26. SEPARATION CODE N/A		27. REENTRY CODE N/A	
28. NARRATIVE REASON FOR SEPARATION N/A					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials)	