

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) HUBLER, BARRY WILLIAM		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NO. 519   25   6506	
4.a. GRADE, RATE OR RANK MS3		4.b. PAY GRADE E4		5. DATE OF BIRTH (YYMMDD) 800119	
6. RESERVE OBLIG. TERM. DATE Year 06   Month 12   Day 20					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY MEPS, BOISE, ID		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 2600 HELEN STREET BOISE, ID 83705			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS SEATTLE (AOE-3)		8.b. STATION WHERE SEPARATED USS SEATTLE (AOE-3) HP: NORFOLK, VA			
9. COMMAND TO WHICH TRANSFERRED "NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149"		10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00			
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.) MS-0000. X		12. RECORD OF SERVICE a. Date Entered AD This Period b. Separation Date This Period c. Net Active Service This Period d. Total Prior Active Service e. Total Prior Inactive Service f. Foreign Service g. Sea Service h. Effective Date of Pay Grade		Year(s) Month(s) Day(s) 99 AUG 17 03 JUN 11 03 09 25 00 00 00 00 00 00 00 00 00 03 05 27 99 DEC 15	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NAVY "E" RIBBON(2), SEA SERVICE DEPLOYMENT RIBBON, NATIONAL DEFENSE SERVICE MEDAL, GOOD CONDUCT AWARD. X					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) SEAMAN APPRENTICESHIP TRAINING, (2 WEEKS, 99AUG). X					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	No
				X	
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS SER#(05848-03-0065JAM). X "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". X "SUBJECT TO ACTIVE DUTY RECALL AND/OR SCREENING". X					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5115 HUBLER LANE CALDWELL, ID 83605			19.b. NEAREST RELATIVE (Name and address - include Zip Code) NELDA JOAN HUBLER 1115 B VELMONT AVE BOISE, ID 83706		
20. MEMBER REQUESTS COPY 6 BE SENT TO ID DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) J. R. BERENT, PNC(AW), USN, PERSOFF BY DIRCO		
21. SIGNATURE OF MEMBER BEING SEPARATED 					