

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BURDETT, GEOFFREY ALLEN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR			3. SOCIAL SECURITY NO 252 65 4231		
4.a GRADE, RATE OR RANK PV2	4.b PAY GRADE E2	5. DATE OF BIRTH (YYYYMMDD) 19850412			6. RESERVE OBLIG. TERM. DATE Year 2010 Month 12 Day 13		
7.a PLACE OF ENTRY INTO ACTIVE DUTY FORT GILLEM, GA		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 1127 COTTON GIN CT LAWRENCEVILLE, GA 30045					
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND COB 447SIGBN 15SIGBDE TC		8.b STATION WHERE SEPARATED FORT GORDON, GA 30905-5000					
9. COMMAND TO WHICH TRANSFERRED CO C 324 SIG BN (WV43C0) 2190 WINTERVILLE ROAD, ATHENS, GA 30605					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.) 31F10 7E MSE NETWORK SW SYS OP--0 YRS-0 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE			Year(s)	Month(s)	Day(s)
a. Date entered AD This Period	2003			09	17		
b. Separation Date This Period	2004			04	07		
c. Net Active Service This Period	0000			06	21		
d. Total Prior Active Service	0000			00	00		
e. Total Prior Inactive Service	0000			09	03		
f. Foreign Service	0000			00	00		
g. Sea Service	0000			00	00		
h. Effective Date of Pay Grade	2003			09	01		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON //NOTHING FOLLOWS							
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID NONE	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No							
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS //NOTHING FOLLOWS							
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1127 COTTON GIN CT LAWRENCEVILLE, GA 30045		19.b NEAREST RELATIVE (Name and address - include Zip Code) GREG LEE BURDETT 1127 COTTON GIN COURT LAWRENCEVILLE, GA 30045					
20. MEMBER REQUESTS COPY BE SENT TO (GA DIR OF VET AFFAIRS) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) HILLARY E. BOYCE, CHIEF, TRANSITION CENTER					
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Geoffrey Burdett</i>							