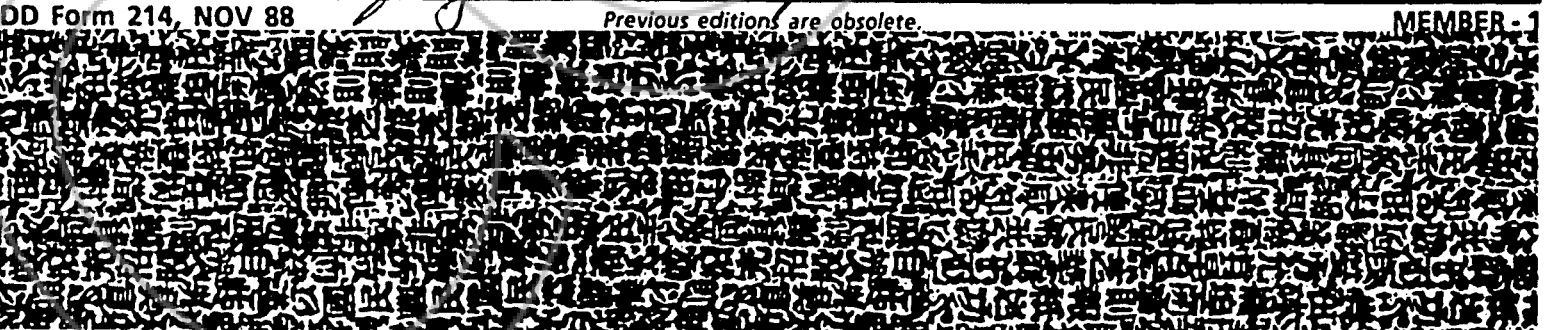


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WULFING, KRISTINA		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ USAR		3. SOCIAL SECURITY NO. ██████████ 4108	
4.a. GRADE, RATE OR RANK PV1	4.b. PAY GRADE E1	5. DATE OF BIRTH (YYMMDD) 710413	6. RESERVE OBLIG. TERM. DATE Year 00 Month 01 Day 02		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY SAN JOSE CA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) ADDRESS SAME AS BLOCK 19A			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO F 232D MED BN AMEDD C&S HSC HS		8.b. STATION WHERE SEPARATED FT SAM HOUSTON, TX 78234-5000			
9. COMMAND TO WHICH TRANSFERRED 6253D USAH NOVATO CA 94947			10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 100,000		
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.) 91B10 MEDICAL SPECIALIST//NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	Year(s) 92	Month(s) 04	Day(s) 29
		b. Separation Date This Period	Year(s) 92	Month(s) 10	Day(s) 09
		c. Net Active Service This Period	00	05	11
		d. Total Prior Active Service	00	00	00
		e. Total Prior Inactive Service	00	03	26
		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) ARMY SERVICE RIBBON//MARKSMAN QUALIFICATION BADGE (RIFLE M16)//SHARPSHOOTER QUALIFICATION BADGE (HAND GRENADE)//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) MEDICAL SPECIALIST COURSE, 10 WKS (OCT 92)//NOTHING FOLLOWS			
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 NA Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
18. REMARKS THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DOD 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.//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1436 LANGLEY GARDNERVILLE NV 89410			19.b. NEAREST RELATIVE (Name and address - include Zip Code) GLORIA R. WULFING, PO BOX 2722 MINDEN NV 89423		
20. MEMBER REQUESTS COPY 6 BE SENT TO		DIR. OF VET AFFAIRS	Yes <input type="checkbox"/> No <input type="checkbox"/>	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) JOHN CANO, GS9, CHIEF, TRANS POINT	
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Kristina E. Wulfing</i>					



PO BOX 2784
Minden NV 89423
Phone 267-4697-call

REQUESTED BY
Kristina E. Wulfing
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

92 OCT 13 P4:15

SUZANNE BEAUCHEAU
RECORDS
[Signature]
DEPUTY BOOK 290620
1092 PAC:2074