IDENTIFICATION FOR OSES			SAFEGUAR	DII.			RENDER	FORM	N VOI	
C	ERTIFICATE	E OF REL	EASE OR I	DISCHARGE FROM	M ACTIVE DU	JTY				
NAME (Last, First, Middle)     DEPARTMENT, CON				MPONENT AND BRA	NCH	3. SOCIA	L SECURITY	/ NUN	ABER	
TEDESCHI, Mitchell Anson USMC-11			11	210 1101			193   64   6047			
4a. GRADE, RATE OR RANK Lance Corporal	b. PAY GRADE E-3					DBLIGATION TERMINATION DATE 0) 00000000				
7a. PLACE OF ENTRY INTO ACT	IVE DUTY		b. HOME OF	RECORD AT TIME C	F ENTRY (City a	nd state, or c	omplete addr	ess if k	nown)	
Mechanicsburg, PA 17055			139 Kelsey Bellfonte, P	Lane						
8a. LAST DUTY ASSIGNMENT A 2D TSBN 2DMLG USMARF	AND MAJOR O ORLANT	OMMAND		b. STATION WHER CAMP LEJEUNE		UC 27101	MCC 151			
9. COMMAND TO WHICH TRA	NSFERRED						COVERAGE		NONE	
N/A							NT: \$400,0			
11. PRIMARY SPECIALTY (List no	ımber, title and y	years and m	onths in	12. RECORD OF SE	RVICE	YEAR(S)	MONTH(S)		Y(S)	
specialty. List additional specialty numbers and titles involving periods of one or more years.) 3531-Motor Vehicle Operator			a. DATE ENTERED AD THIS PERIOD		2003	08		20		
			b. SEPARATION DATE THIS PERIOD		2005	12	(	)7		
1 Year 7 Months				c. NET ACTIVE SERVICE THIS PERIOD		02	03	1	17	
				d. TOTAL PRIOR ACT	IVE SERVICE	00	00	(	00	
				e. TOTAL PRIOR INAC	CTIVE SERVICE	00	01		)2	
				f. FOREIGN SERVICE		00	00		00	
				g. SEA SERVICE		00	00		00	
13. DECORATIONS, MEDALS, B				h. EFFECTIVE DATE (		2004	10	POSSESSES	)1	
15a. MEMBER CONTRIBUTED T	O POST-VIETN	NAM ERA	VETERANS' E	DUCATIONAL ASSIS	TANCE PROGR	AM	YES	X	NO	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT							YES		NO	
16. DAYS ACCRUED LEAVE PAID NONE 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SERVICES.					INATION AND	ALL APPRO	PRIATE	YES	NO X	
18. REMARKS Total MGIB with held to date Good Conduct Medal Period of RUC 45001 (2005-1464)DEW	ommences -	20030820	)							
The information contained herein is s verification purposes and to determin 19a. MAILING ADDRESS AFTER 139 Kelsey Lane Bellefonte, PA 16823	e eligibility for,	and/or conti	nued compliand	be with, the requirements  b. NEAREST RELA  Barb Foley-Mothe Same as Block 196	of a Federal bene FIVE (Name and a F	fit program.			y for	
20. MEMBER REQUESTS COPY	6 BE SENT TO	PA	C	IRECTOR OF VETERA	ANS AFFAIRS		X YES		NO	
21. SIGNATURE OF MEMBER BI	ING SEPARA	TED	22. OFFICIAL	AUTHORIZED TO SI	GN (Typed name,	grade, title a				
Malelja	hel		C. A. BIER,	CWO, PERSO, US	MC CA	Sier				
DD FORM 214, FEB 2000 (PP/FF - WHS/DIOR)		PR	EVIOUS EDIT	ON IS OBSOLETE.			M	EMBI	ER - 1	