

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>NOTO, JOHN ERIC</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>NAVY USN</b>		3. SOCIAL SECURITY NO. <b>049   54   4130</b>					
4.a. GRADE, RATE OR RANK <b>LT</b>	4.b. PAY GRADE <b>O-3</b>	5. DATE OF BIRTH (YYMMDD) <b>72APR28</b>		6. RESERVE OBLIG. TERM. DATE Year <b>03</b>   Month <b>06</b>   Day <b>15</b>					
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>DETROIT MI</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>823 THREE MILE DRIVE GROSSE POINTE MI 48230</b>							
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>2D MARINE DIVISION CAMP LEJEUNE NC</b>		8.b. STATION WHERE SEPARATED <b>2D MARINE DIVISION CAMP LEJEUNE NC</b>							
9. COMMAND TO WHICH TRANSFERRED <b>NAVAL RESERVE PERSONNEL COMMAND, NEW ORLEANS, LA. 70164</b>				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>200,000</b>					
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.) <b>1115 SURFACE WARFARE OFFICER (QUALIFIED) 4 YEARS 6 MONTHS</b>  X                      X                      X X                      X                      X X                      X                      X X                      X                      X X                      X                      X		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)			
		a. Date Entered AD This Period		<b>95</b>	<b>NOV</b>	<b>03</b>			
		b. Separation Date This Period		<b>00</b>	<b>MAY</b>	<b>31</b>			
		c. Net Active Service This Period		<b>04</b>	<b>06</b>	<b>29</b>			
		d. Total Prior Active Service		<b>00</b>	<b>04</b>	<b>17</b>			
		e. Total Prior Inactive Service		<b>00</b>	<b>00</b>	<b>00</b>			
		f. Foreign Service		<b>00</b>	<b>00</b>	<b>00</b>			
		g. Sea Service		<b>02</b>	<b>06</b>	<b>15</b>			
h. Effective Date of Pay Grade		<b>99</b>	<b>DEC</b>	<b>01</b>					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>NATIONAL DEFENSE SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON W/ONE BRONZE STAR, NAVY ACHIEVEMENT MEDAL, ARMED FORCES SERVICE MEDAL, ARMED FORCES EXPEDITIONARY MEDAL, 9MM PISTOL SHOT(EX).</b>									
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>SURFACE WARFARE OFFICER SCHOOL 20WKS MAR96, GAS TURBINE ENGINEERING SCHOOL 3WKS APR96, NAVAL GUNFIRE SCHOOL 4WKS OCT98</b> X                      X                      X                      X                      X                      X                      X									
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID	
			<b>XX</b>			<b>XX</b>		<b>23 00</b>	
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 <b>THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCIES FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. DISTRIBUTION OF THE DD214 IS IAW BUPERSINST 1900.8</b>  X                      X                      X                      X                      X                      X                      X X                      X                      X                      X                      X                      X                      X X                      X                      X                      X                      X                      X                      X X                      X                      X                      X                      X                      X                      X X                      X                      X                      X                      X                      X                      X									
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>823 THREE MILE DRIVE WAYNE GROSSE POINTE MI 48230</b>					19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>DR. A. C. NOTO 823 THREE MILE DRIVE WAYNE GROSSE POINTE MI 48230</b>				
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> MT DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>N. CASTANEDA HM1 (FME/PI) ASSTNAVPERSOFF</b>				
21. SIGNATURE OF MEMBER BEING SEPARATED 									