

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

<b>1. NAME (Last, First, Middle)</b> FRAIM, IAN MICHAEL		<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> ARMY/ARNGUS		<b>3. SOCIAL SECURITY NUMBER</b> 445 08 9691		
<b>4a. GRADE, RATE OR RANK</b> PV2	<b>b. PAY GRADE</b> E02	<b>5. DATE OF BIRTH (YYYYMMDD)</b> 19961127	<b>6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)</b> 20261219			
<b>7a. PLACE OF ENTRY INTO ACTIVE DUTY</b> JUNEAU, ALASKA		<b>b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)</b> 2739 DAVID ST JUNEAU ALASKA 99801-2016				
<b>8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> CO A 232ND MED BN TRAINEES MC			<b>b. STATION WHERE SEPARATED</b> FORT SAM HOUSTON TC, TX 78234-5028			
<b>9. COMMAND TO WHICH TRANSFERRED</b> HHC 1/297TH INF (WPUTTO) FT RICHARDSON AK 99505				<b>10. SGLI COVERAGE</b> <input type="checkbox"/> NONE AMOUNT: \$400,000.00		
<b>11. PRIMARY SPECIALTY</b> (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 68W10 HEALTH CARE SPECIALIST - 00 YRS 00 MOS//NOTHING FOLLOWS		<b>12. RECORD OF SERVICE</b>		<b>YEAR(S)</b>	<b>MONTH(S)</b>	<b>DAY(S)</b>
		a. DATE ENTERED AD THIS PERIOD		2019	02	11
		b. SEPARATION DATE THIS PERIOD		2019	08	16
		c. NET ACTIVE SERVICE THIS PERIOD		0000	06	06
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		0000	01	21
		f. FOREIGN SERVICE		0000	00	00
		g. SEA SERVICE		0000	00	00
		h. INITIAL ENTRY TRAINING		0000	06	06
i. EFFECTIVE DATE OF PAY GRADE		2018	12	20		
<b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED</b> (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS		<b>14. MILITARY EDUCATION</b> (Course title, number of weeks, and months and year completed) HEALTH CARE SPECIALIST COURSE 16 WEEKS, 2019//NOTHING FOLLOWS				
<b>15a. COMMISSIONED THROUGH SERVICE ACADEMY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> X <input type="checkbox"/> NO						
<b>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP</b> (10 USC Sec. 2107b) <input type="checkbox"/> YES <input checked="" type="checkbox"/> X <input type="checkbox"/> NO						
<b>c. ENLISTED UNDER LOAN REPAYMENT PROGRAM</b> (10 USC Chap. 109) (If Yes, years of commitment: <u>NA</u> ) <input type="checkbox"/> YES <input checked="" type="checkbox"/> X <input type="checkbox"/> NO						
<b>16. DAYS ACCRUED LEAVE PAID</b> 0		<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> X				
<b>18. REMARKS</b> MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS						
The information contained herein is subject to computer matching within the Department of Defense 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.						
<b>19a. MAILING ADDRESS AFTER SEPARATION</b> (Include ZIP Code) 2739 DAVID ST JUNEAU ALASKA 99801-2016			<b>b. NEAREST RELATIVE</b> (Name and address - include ZIP Code) TANNER FRAIM 151 HOP TREE TRAIL CORRALES NEW MEXICO 37048			
<b>20. MEMBER REQUESTS COPY 6 BE SENT TO</b> (Specify state/locality) <u>AK</u> <b>OFFICE OF VETERANS AFFAIRS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
<b>a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS</b> (WASHINGTON, DC) <input type="checkbox"/> YES <input checked="" type="checkbox"/> X <input type="checkbox"/> NO						
<b>21.a. MEMBER SIGNATURE</b> UNABLE TO E-SIGN		<b>b. DATE</b> (YYYYMMDD)	<b>22.a. OFFICIAL AUTHORIZED TO SIGN</b> (Typed name, grade, title, signature) MIRANDA.JERI.M.1175938636 Digitally signed by MIRANDA.JERI.M.1175938636 Date: 2019.08.13 09:48:53 -05'00' JERI M MIRANDA, CHIEF, TRANSITION CENTER		<b>b. DATE</b> (YYYYMMDD) 20190813	

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE.  
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MEMBER - 1

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<b>9. COMMAND TO WHICH TRANSFERRED</b> HHC 1/297TH INF (WPUTTO) FT RICHARDSON AK 99505			<b>10. SGLI COVERAGE</b> <input type="checkbox"/> NONE <b>AMOUNT: \$400,000.00</b>			
<b>11. PRIMARY SPECIALTY</b> (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 68W10 HEALTH CARE SPECIALIST - 00 YRS 00 MOS//NOTHING FOLLOWS		<b>12. RECORD OF SERVICE</b>		<b>YEAR(S)</b>	<b>MONTH(S)</b>	<b>DAY(S)</b>
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<b>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP</b> (10 USC Sec. 2107b) <input type="checkbox"/> YES <input checked="" type="checkbox"/> X <input type="checkbox"/> NO						
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<b>16. DAYS ACCRUED LEAVE PAID 0</b>	<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b>					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<b>21.a. MEMBER SIGNATURE</b> UNABLE TO E-SIGN		<b>b. DATE</b> (YYYYMMDD)	<b>22.a. OFFICIAL AUTHORIZED TO SIGN</b> (Typed name, grade, title, signature) ESIGNED BY: MIRANDA.JERI.M.1175938636			<b>b. DATE</b> (YYYYMMDD) 20190813

<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>			
<b>23. TYPE OF SEPARATION</b> RELEASE FROM ACTIVE DUTY TRAINING		<b>24. CHARACTER OF SERVICE</b> (Include upgrades) HONORABLE	
<b>25. SEPARATION AUTHORITY</b> AR 635-200, CHAP 4		<b>26. SEPARATION CODE</b> MBK	<b>27. REENTRY CODE</b> 1
<b>28. NARRATIVE REASON FOR SEPARATION</b> COMPLETION OF REQUIRED ACTIVE SERVICE			
<b>29. DATES OF TIME LOST DURING THIS PERIOD</b> (YYYYMMDD) NONE			<b>30. MEMBER REQUESTS COPY 4</b> (Initials) YES

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