
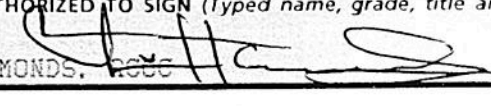


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) EVANS, TAKASHIA RENEE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 254 51 4885	
4.a. GRADE, RATE OR RANK SGT	4.b. PAY GRADE E5	5. DATE OF BIRTH (YYMMDD) 19701202		6. RESERVE OBLIG. TERM. DATE Year 2000 Month 00 Day 00	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY ATLANTA, GA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 945 CHAPMAN CIRCLE STONE MOUNTAIN GA 30088			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHD 141 SIGNAL BN APO AE 09096 F1		8.b. STATION WHERE SEPARATED TRANSITION CENTER WIESBADEN GERMANY			
9. COMMAND TO WHICH TRANSFERRED NA		10. SGLI COVERAGE Amount: \$250,000.00		None	
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.) 31U20 SIG SPT SYS SPC--05 YRS-11 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period		1997	01
		b. Separation Date This Period		2004	01
		c. Net Active Service This Period		0007	00
		d. Total Prior Active Service		0000	00
		e. Total Prior Inactive Service		0000	00
		f. Foreign Service		0002	11
		g. Sea Service		0000	00
h. Effective Date of Pay Grade		2000	01	Day(s)	10
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL//GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//NCO PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) SIGNAL SUPPORT SYSTEMS SPEC CRS (31U), 17 WEEKS, DEC 1997//PRIMARY LEADERSHIP DEVELOPMENT CRS, 04 WEEKS, APR 1999//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes No	
			X	X	
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					
Yes X 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//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//BLOCK 6, PERIOD OF DEP--19961216 to 19970109//SEPARATION PAY--\$8555.40//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5220 MIMOSA PLACE MABLETON GA 30126			19.b. NEAREST RELATIVE (Name and address - include Zip Code) ELLIS SANDERS SAME AS BLOCK 19A		
20. MEMBER REQUESTS COPY 6 BE SENT TO GA DIR. OF VET AFFAIRS			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) CURTIS HAMMONDS, RCCC		
21. SIGNATURE OF MEMBER BEING SEPARATED 					
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION DISCHARGE			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
25. SEPARATION AUTHORITY AR 635-200, PARA 5-8			26. SEPARATION CODE JDC		27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION PARENTHOOD					
29. DATES OF TIME LOST DURING THIS PERIOD NONE					30. MEMBER REQUESTS COPY 4 yes Initials