

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>HERRING, KENYA TAVARES</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/ARNG</b>		3. SOCIAL SECURITY NO. <b>589 01 2323</b>			
4.a GRADE, RATE, OR RANK <b>SPC</b>	4.b PAY GRADE <b>E4</b>	5. DATE OF BIRTH (YYYYMMDD) <b>19780128</b>		6. RESERVE OBLIG. TERM. DATE Year <b>2005</b> Month <b>12</b> Day <b>24</b>			
7.a PLACE OF ENTRY INTO ACTIVE DUTY <b>STARKE, FL</b>			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>1237 NW 39TH DR GAINESVILLE, FL 32602</b>				
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>CO A 161ST MED BN GB</b>			8.b STATION WHERE SEPARATED <b>FORT STEWART, GA 31314</b>				
9. COMMAND TO WHICH TRANSFERRED <b>CO A 161ST MED BN FL ARNG (WQB1A0) CBTS STARKE FL 32091-9307</b>				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>250,000.00</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>91W10 00 NUCLEAR MED SP--1 YRS-3 MOS//NOTHING FOLLOWS</b>		12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)	
		a. Date entered AD This Period		<b>2003</b>	<b>01</b>	<b>27</b>	
		b. Separation Date This Period		<b>2004</b>	<b>04</b>	<b>26</b>	
		c. Net Active Service This Period		<b>0001</b>	<b>03</b>	<b>00</b>	
		d. Total Prior Active Service		<b>0004</b>	<b>00</b>	<b>00</b>	
		e. Total Prior Inactive Service		<b>0000</b>	<b>05</b>	<b>12</b>	
		f. Foreign Service		<b>0000</b>	<b>11</b>	<b>06</b>	
		g. Sea Service		<b>0000</b>	<b>00</b>	<b>00</b>	
		h. Effective Date of Pay Grade		<b>2002</b>	<b>09</b>	<b>04</b>	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>AIR FORCE OUTSTANDING UNIT AWARD//AIR FORCE GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL WITH BRONZE SERVICE STAR//WAR ON TERRORISM EXPEDITIONARY MEDAL//ARMED FORCES RESERVE MEDAL WITH 'M' DEVICE//ARMY SERVICE RIBBON//ARMY LAPEL BUTTON//AIR FORCE LONGEVITY SERVICE RIBBON//AIR FORCE TRAINING RIBBON//NOTHING FOLLOWS</b>							
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) <b>NONE//NOTHING FOLLOWS</b>							
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No
			<b>X</b>			<b>X</b>	
16. DAYS ACCRUED LEAVE PAID <b>0</b>							
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION							
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
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//SEPARATED FROM SERVICE ON TEMPORARY RECORDS AND SOLDIER'S AFFIDAVIT//DD FORM 215 WILL BE ISSUED TO PROVIDE MISSING INFORMATION//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATIO ENDURING FREEDOM/NOBLE EAGLE IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//SOLDIER PROVIDED SUPPORT FOR OPERATION ENDURING FREEDOM/NOBLE EAGLE WHILE SERVING IN KUWAIT FROM 030321 THRU 040326//NOTHING FOLLOWS							
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>1237 NW 39TH DR GAINESVILLE, FL 32602</b>			19.b NEAREST RELATIVE (Name and address - include Zip Code) <b>NICKI HERRING 1237 NW 39TH DR GAINESVILLE, FL 32602</b>				
20. MEMBER REQUESTS COPY 5 BE SENT TO <b>FL</b> 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>WILLIAM O. OTTO, MSG USA, NCOIC, AG MOB/DEMO</b>				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Kenya Herring</i>							

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

THIS FORM IS TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD IT

FORM 214, 1 NOV 88, EG

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>HERRING KENYA TAVARES</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>AIR FORCE - REG AF</b>		3. SOCIAL SECURITY NO <b>589 101 2323</b>																												
4.a. GRADE, RATE OR RANK <b>SRA</b>		4.b. PAY GRADE <b>E</b>		5. DATE OF BIRTH (YYMMDD) <b>780128</b>																												
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>JACKSONVILLE FL</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>GAINESVILLE FL</b>		9. RESERVE OBLIG. TERM. DATE Year: <b>2001</b> / Month: <b>00</b> / Day: <b>1952</b>																												
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>759 SURG OPS (AETO)</b>		8.b. STATION WHERE SEPARATED <b>LACKLAND AFB TX</b>		10. SGLI COVERAGE (None) Amount: <b>\$ 200,000</b>																												
9. COMMAND TO WHICH TRANSFERRED <b>NOT APPLICABLE</b>		12. RECORD OF SERVICE																														
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>4N051- Medical Services Journeyman, 3 years and 10 months.</b>		<table border="1"> <tr> <th>Year(s)</th> <th>Month(s)</th> <th>Day(s)</th> </tr> <tr> <td>1997</td> <td>Jan</td> <td>20</td> </tr> <tr> <td>2001</td> <td>Jan</td> <td>29</td> </tr> <tr> <td>04</td> <td>00</td> <td>00</td> </tr> <tr> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>00</td> <td>08</td> <td>09</td> </tr> <tr> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>2000</td> <td>Jan</td> <td>30</td> </tr> </table>				Year(s)	Month(s)	Day(s)	1997	Jan	20	2001	Jan	29	04	00	00	00	00	00	00	08	09	00	00	00	00	00	00	2000	Jan	30
Year(s)	Month(s)	Day(s)																														
1997	Jan	20																														
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00	08	09																														
00	00	00																														
00	00	00																														
2000	Jan	30																														
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>Air Force Training Ribbon; Air Force Longevity Service Award Ribbon; Air Force Outstanding Unit Award; Air Force Good Conduct Medal</b>																																
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>Basic Military Training, 6 weeks, Feb 1997.</b>																																
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		15. DATE OF SEPARATION <b>21 5 01</b>																												
Yes		No		Yes																												
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>																												
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION																																
16. REMARKS <b>Member has completed first full term of service. // NOTHING FOLLOWS //</b>																																
<b>DATA HEREIN ARE SUBJECT TO COMPUTER MATCHING WITHIN DoD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS.</b>																																
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>1237 NW 39TH DR GAINESVILLE FL 32605</b>			19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>THOMAS HERRING 1115 N.E. 9TH AVE GAINESVILLE FL 32605</b>																													
20. MEMBER REQUESTS COPY 6 BE SENT TO: (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>DWAYNE H. RATHBURN MSgt USAF CHIEF, RETIREMENTS/SEPARATIONS</b>																													
21. SIGNATURE OF MEMBER BEING SEPARATED <b>MEMBER NOT AVAILABLE TO SIGN</b>																																
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)																																
23. TYPE OF SEPARATION <b>DISCHARGE</b>		24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>		27. REENTRY CODE <b>2X</b>																												
25. SEPARATION AUTHORITY <b>AFI 30-3208</b>		26. SEPARATION CODE <b>JBR</b>																														
28. NARRATIVE REASON FOR SEPARATION <b>COMPLETION OF REQUIRED ACTIVE SERVICE</b>		30. MEMBER REQUESTS COPY (initials)																														
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>																																

**CERTIFICATE**  
The page in which this certificate is attested is a full, true and correct copy of the original on file and of true copy of the original.

ATTESTED: **2/1/01**  
**GERRY RICHMOND  
COUNTY CLERK  
BEXAR COUNTY**

**VOL 00000 PG 00155**