

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD SAFEGUARD

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214 1290

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) CRAWFORD, CHARLES CECIL III 2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN 3. SOCIAL SECURITY NO. 296 166 18775

4a. GRADE, RATE OR RANK OSI 4b. PAY GRADE EL 5. DATE OF BIRTH 29 JUL 59 6. PLACE OF ENTRY INTO ACTIVE DUTY ZANESVILLE, OH

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HM-16 8. STATION WHERE SEPARATED NAVAL STATION NORFOLK, VA BY PSD

9. COMMAND TO WHICH TRANSFERRED N/A 10. SGLI COVERAGE AMOUNT \$ 35 000 NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) OS-0317/0341 OPERATIONS SPECIALIST 0317-NTDS INPUT/UTILIZATION DISPLAY EQUIPMENT OPERATOR 0341-NAVAL WARFARE OPERATIONS SPECIALIST

Table with 4 columns: RECORD OF SERVICE, YEAR (s), MON (s), DAY (s). Rows include Date Entered AD This Period (80 DEC 17), Separation Date This Period (84 JUL 30), Net Active Service This Period (03 07 15), Total Prior Active Service (04 00 00), Total Prior Inactive Service (00 03 22), Foreign Service (00 00 00), Sea Service (00 01 09), Effective Date of Pay Grade (83 OCT 16), Reserve Oblig. Term. Date (N/A).

12. RECORD OF SERVICE (Detailed table with columns for Year, Month, Day for various service periods)

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) IT/SA SCOL 3WKS 81DEC // CGNTDS INPUT BASIC 3WKS 82JUL // LMET 2WKS 82FEB // LMET FOR LPO 2WKS 84FEB // X

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM [] YES [X] NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT [] YES [X] NO 17. DAYS ACCRUED LEAVE PAID 0.0

18. REMARKS CHARLES CECIL CRAWFORD III HAS EXECUTED A CLAIM FOR COMPENSATION, OR PENSION, OR HOSPITALIZATION, TO BE FILED WITH VETERANS ADMINISTRATION. DISABILITY SEVERANCE PAY AUTHORIZED AND PAID IN THE AMOUNT OF \$17,702.40

19. MAILING ADDRESS AFTER SEPARATION 3966-615 WATER OAKS RD VIRGINIA BEACH, VA 23452 20. MEMBER REQUESTS COPY 6 BE SENT TO VA DIR. OF VET AFFAIRS [] YES [] NO

21. SIGNATURE OF MEMBER BEING SEPARATED (Handwritten signature) 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN B. E. BONE, PNC3, USN, ASST. TRANSIENT PERSONNEL OFFICER TD/PSD BY DTOTC

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGED 24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE

25. SEPARATION AUTHORITY (NMPCLTR 242/PERS-522 DTD JUL 84 MILPERSMAN 3620270) 26. SEPARATION CODE JFL/804 27. REENLISTMENT CODE RE-3P

28. NARRATIVE REASON FOR SEPARATION PHYSICAL DISABILITY WITH SEVERANCE PAY

29. DATE OF TIME LOST DURING THIS PERIOD 11-NONE 30. MEMBER REQUESTS COPY 6 BE SENT TO VA DIR. OF VET AFFAIRS [] YES [] NO