

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

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

1. NAME (Last, First, Middle) POIRIER, KRISTOPHER 2. DEPARTMENT, COMPONENT AND BRANCH ARMY 3. SOCIAL SECURITY NUMBER

4a. GRADE, RATE OR RANK MAJ 4b. PAY GRADE O04 5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000

7a. PLACE OF ENTRY INTO ACTIVE DUTY 7b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USAG FT WAINWR BA 8b. STATION WHERE SEPARATED FORT WAINWRIGHT TC, AK 99703-4900

9. COMMAND TO WHICH TRANSFERRED USAR CON GP (RET) 1600 SPEARHEAD DIVISION AVE, FT KNOX, KY 40122 10. SGLI COVERAGE NONE AMOUNT: \$400,000.00

11. PRIMARY SPECIALTY 12. RECORD OF SERVICE table with columns YEAR(S), MONTH(S), DAY(S) and rows a-i for service details.

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED 14. MILITARY EDUCATION

15a. COMMISSIONED THROUGH SERVICE ACADEMY 15b. COMMISSIONED THROUGH ROTC SCHOLARSHIP 15c. ENLISTED UNDER LOAN REPAYMENT PROGRAM

16. DAYS ACCRUED LEAVE PAID 0.5 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION

18. REMARKS SUBJECT TO ACTIVE DUTY RECALL BY THE SECRETARY OF THE ARMY//SOLDIER PRESENTED US FLAG// SELECTIVE REENLISTMENT BONUS PAID: \$30000.00, 20070615//

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.

19a. MAILING ADDRESS AFTER SEPARATION 19b. NEAREST RELATIVE (Name and address - include ZIP Code)

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) AK OFFICE OF VETERANS AFFAIRS 20a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)

21.a. MEMBER SIGNATURE POIRIER, KRISTOPHER. 21.b. DATE 20200106 22.a. OFFICIAL AUTHORIZED TO SIGN HART, SUSAN. 22.b. DATE 20200106

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RETIREMENT 24. CHARACTER OF SERVICE (Include upgrades) HONORABLE

25. SEPARATION AUTHORITY 26. SEPARATION CODE SGB 27. REENTRY CODE NA

28. NARRATIVE REASON FOR SEPARATION

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE 30. MEMBER REQUESTS COPY 4 (Initials) KRP