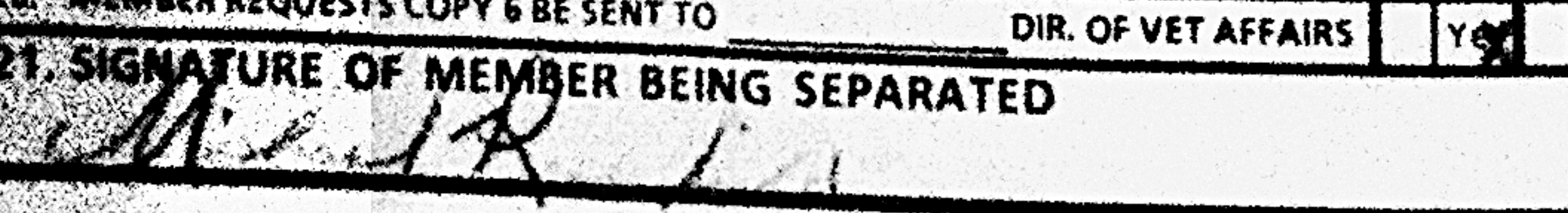


1. NAME (Last, First, Middle) <b>ROSENFELD MICHAEL LOUIS</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY / USAR</b>		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK <b>SPC</b>		4.b. PAY GRADE <b>E4</b>		5. DATE OF BIRTH (YYMMDD) <b>640501</b>	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>MIAMI FL</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>ADDRESS SAME AS BLOCK 19A</b>			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>232D MED BN AMEDDC&amp;S HSC HS</b>		8.b. STATION WHERE SEPARATED <b>FT SAM HOUSTON, TX 78234-5000</b>			
9. COMMAND TO WHICH TRANSFERRED <b>CO B 478 CA PERRINE FL 33177</b>		10. SGLI COVERAGE None Amount: \$ <b>50,000.</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>91B10 MEDICAL SPECIALIST//NOTHING FOLLOWS</b>		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period		<b>94</b>	<b>03</b>
		b. Separation Date This Period		<b>94</b>	<b>07</b>
		c. Net Active Service This Period		<b>00</b>	<b>04</b>
		d. Total Prior Active Service		<b>00</b>	<b>00</b>
		e. Total Prior Inactive Service		<b>00</b>	<b>06</b>
		f. Foreign Service		<b>00</b>	<b>00</b>
		g. Sea Service		<b>00</b>	<b>00</b>
		h. Effective Date of Pay Grade		<b>93</b>	<b>09</b>
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>ARMY SERVICE RIBBON//NATIONAL DEFENSE SERVICE MEDAL//MARKSMAN QUALIFICATION BADGE (RIFLE M-16)//EXPERT QUALIFICATION BADGE (HAND GRENADE)//NOTHING FOLLOWS</b>					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>MEDICAL SPECIALIST COURSE, 10 WKS (JUL 94)//NOTHING FOLLOWS</b>					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			<b>X</b>	Yes	No
				<b>X</b>	
16. DAYS ACCRUED LEAVE PAID <b>NONE</b>					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <b>NA</b> Yes <b>NA</b> No					
18. REMARKS <b>DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//NOTHING FOLLOWS</b>					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>2783 NW 21ST TERRACE, APT 1 MIAMI FL 33142</b>			19.b. NEAREST RELATIVE (Name and address - include Zip Code) <b>EDWARD ROSENFELD, 4617 AMHERST VESTAL NY 13902</b>		
20. MEMBER REQUESTS COPY 6 BE SENT TO		DIR. OF VET AFFAIRS		Yes	No
				<b>X</b>	
21. SIGNATURE OF MEMBER BEING SEPARATED 			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>JOHN CAND. 059. CHIEF, TRANS CTR</b>		
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION <b>RELEASE FROM ADT</b>		24. CHARACTER OF SERVICE (Include upgrades) <b>UNCHARACTERIZED</b>			
25. SEPARATION AUTHORITY <b>ORDER 174-000 DTD 930902 CRS 91B</b>		26. SEPARATION CODE <b>NA</b>		27. REENTRY CODE <b>NA</b>	
28. NARRATIVE REASON FOR SEPARATION <b>COMPLETION OF PERIOD OF ADT</b>		29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>			
				30. MEMBER REQUESTS COPY 4 Initials	