			DISCHARGE FRO t to the Privacy Act of					
1. NAME (Last, First, Middle) NARVAIZ, LUCAS ANGELO		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS			3. SOCIA 649	L SECUR 05	1941	MBER 458
PV2	. PAY GRADE 02	19950522			202209	911	A 60 9	
7a. PLACE OF ENTRY INTO ACTIV RIO RANCHO, NEW MEXICO	E DUTY	5 SIERA 1	RECORD AT TIME OF PLACE SOUTH NEW MEXICO 87		nd state, or co	mplete add	ress if kr	nown)
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO A (-) 1ST BN 200TH INF FC			b. STATION WHERE SEPARATED FORT BLISS TC, TX 79916-6816					
9. COMMAND TO WHICH TRANSFERRED 200 IN BN 1 CO A RIFLE COMP, 4001 NW LOOP NE,							AGE NONE 00,000.00	
11. PRIMARY SPECIALTY (List numb	12. RECORD OF SERVICE		YEAR(S)	MONTH(3) D/	AY(S)		
specialty. List additional specialty numbers and titles involving periods of one or more years.) 11B10 INFANTRYMAN - 0 YRS 11 MOS//NOTHING FOLLOWS			a. DATE ENTERED AD THIS PERIOD		2019	10	11	
			b. SEPARATION DATE THIS PERIOD		2020	09	08	
			c. NET ACTIVE SERVICE THIS PERIOD		0000	10	28	
-	d. TOTAL PRIOR ACTIVE SERVICE		0000	04	00			
	e. TOTAL PRIOR INACTIVE SERVICE		0004	08	29			
	f. FOREIGN SERVICE		0000	08	10			
			g. SEA SERVICE		0000	00	00	
,	h. INITIAL ENTRY TRAINING i. EFFECTIVE DATE OF PAY GRADE		0000 2014	00	12			
RIBBON//ARMED FORCES REDEVICE//NOTHING FOLLOWS		. W/ M						
15a. COMMISSIONED THROUGH SERVICE ACADEMY					YE	+	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)					YE		NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA) 16. DAYS ACCRUED LEAVE 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIES.					YE	s x	NO	
PAID 0 DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						I	YES	Х
18. REMARKS ////////////////////////////////////	91120-20200 F OF POST SE FENDURING F	729//INDIVI RVICE BENEI REEDOM-HORI CE//PARENTA	IDUAL COMPLETE FITS AND ENTIT VOF AFRICA IA AL LEAVE:20200	D PERIOD F LEMENTS//C W 10 USC 1 819-202009	OR WHIC PRDERED .2302//N	TO AC' MEMBER RP:0 D	ERED FIVE HAS AYS//	TO DUTY
purposes and to determine eligibility for, an	d/or continued complia	ance with, the require	ements of a Federal benef	it program.			2.5	mication
19a. MAILING ADDRESS AFTER SE 5 SIERRA PLACE SOUTH SANTA FE NEW MEXICO 875	teach in a side of the same	ZIP Code)	b. NEAREST RELA LORENZO NARVA 6805 CAMINO F SANTA FE NEW	AIZ ROJO		de ZIP Cod	e)	
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) NM OFFICE OF VETERANS AFFAIR						RS X	YES	INO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)					25	YES	NO	
21.a. MEMBER SIGNATURE NOT AVAILABLE TO SIGN	(YYYYMMDD) MENDOZA.ALMA.1501416017 Digitally signed by MENDOZA.ALMA.15016 Date: 2020.08.17 12:03:33 -06:00'					501416017		
DD FORM 214, AUG 2009	PR	EVIOUS EDITION GENERATED BY T	IS OBSOLETE.	111 11		1 ,	MEME	BER -