

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME <b>GOFF, DANNY RAY</b>		2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH YEAR <b>58</b> MONTH <b>12</b> DAY <b>26</b>
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY-RA</b>		6a. GRADE, RATE OR RANK <b>PFC</b>	b. PAY GRADE <b>E3</b>	7. DATE OF RANK YEAR <b>78</b> MONTH <b>09</b> DAY <b>22</b>
8a. SELECTIVE SERVICE NUMBER <b>NA</b>	8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>NA</b>		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>Louisville, KY 40214</b>	
9a. TYPE OF SEPARATION <b>Relief from Active Duty</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Bliss TX 79916</b>		
c. AUTHORITY AND REASON <b>Chapter 2, AR 635-200, SPD: LBK</b>		d. EFFECTIVE DATE <b>79</b>	e. MONTH <b>06</b>	f. DAY <b>28</b>
g. CHARACTER OF SERVICE <b>HONORABLE</b>		h. TYPE OF CERTIFICATE ISSUED <b>None</b>		i. REENLISTMENT CODE <b>RE-1B</b>
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Fort Bliss TX FORSCOM (FC)</b>		12. COMMAND TO WHICH TRANSFERRED <b>USAR CON GP (REINF) RCPAC, 9700 Page Blvd, St. Louis MO</b>		
13. TERMINAL DATE OF RESERVE / MRS OBLIGATION YEAR <b>82</b> MONTH <b>06</b> DAY <b>08</b>		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>Louisville, KY 40214</b>		
15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR <b>76</b> MONTH <b>06</b> DAY <b>29</b>		16. RECORD OF SERVICE		
17a. PRIMARY SPECIALTY NUMBER AND TITLE <b>05B10 Radio Operator, 761028</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>193.282 Radio Operator</b>		
17b. SECONDARY SPECIALTY NUMBER AND TITLE <b>NONE</b>		c. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL <b>12</b> YRS (1-12 grades) COLLEGE <b>0</b> YRS		
21. TIME LOST (Preceding Two Yrs.) <b>NA</b>	22. DAYS ACCRUED LEAVE PAID <b>1 1/2</b>	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT <b>None</b>
25. PERSONNEL SECURITY INVESTIGATION a. TYPE <b>ENTNAC</b> b. DATE COMPLETED <b>4Aug76</b>				
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>RIFLE - Expert.</b>				
27. REMARKS  <b>PANAMA: 24NOV76-17NOV78.</b> <b>Individual requests a copy of DD Form 214/Optional Form.</b> <i>DRD</i>				
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>6410 Kenjoy Dr. Louisville, KY 40214</b>		29. SIGNATURE OF PERSON BEING SEPARATED <i>Danny R Goff</i>		
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>E. VASQUEZ, GS7 Chief AG Trf Point</b>		31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>E Vasquez</i>		

DD FORM 214  
1 NOV 72

PREVIOUS EDITIONS OF THIS  
FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY



## National Personnel Records Center

Military Personnel Records, 9700 Page Avenue St. Louis, Missouri 63132-5100

January 26, 2011

DANNY GOFF  
38 WIND RIDGE DRIVE  
RUCKERSVILLE, VA 22968

RE:           **Veteran's Name: GOFF, Danny Ray**  
              **SSN/SN: \*\*\*\*\*046**  
              **Request Number: 1-8872665201**

Dear Requester:

Thank you for contacting the National Personnel Records Center. We are responding to your request for separation/discharge papers by attaching one of the following documents: Undeleted separation document (DD Form 214, *Report of Separation*, was not used until January 1, 1950) or NA Form 13038, *Certification of Military Service*, (in cases where there was no separation document in file). Information shown on the NA Form 13038 has been extracted from records on file at the Center. A seal has been affixed to the enclosed documents to attest to their authenticity. The documents provided may be used to apply for benefits.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>

Sincerely,

Eboni Brothers  
Archives Technician  
Core 1, Team F



**We Value Our  
Veterans' Privacy**

*Let us know if we have  
failed to protect it.*

Enclosure(s)