

# Honorary Army Recruiter

THOMAS COLE, (b) (6)

Is hereby appointed to the position of Honorary Recruiter of the United States Army. This appointment is in recognition of the outstanding contribution to the Army's recruiting effort by the above named individual.

The United States Army takes great pride in it's proud history of service to the nation. It also takes great pride in the citizens of this nation who have unselfishly contributed their support.

As a representative of the United States Army, it gives me great pleasure to bestow this honor on this day of February \_\_\_\_\_ in the year of 1983

(b) (6)

(b) (6)

CPT, AR, Area Commander





DEPARTMENT OF THE ARMY  
CERTIFICATE OF TRAINING

This is to certify that

PFC Thomas W. Cole

COMPANY D SECOND BATTALION (BASIC TRAINING)

has successfully completed

THE PROGRAM OF INSTRUCTION FOR  
US ARMY BASIC TRAINING

CLASS 17-83, 6 April 1983

Given at Fort McClellan, AL

(b) (6)

LTC, FA  
Com manding

(b) (6)



# DEPARTMENT OF THE ARMY

## CERTIFICATE OF ACHIEVEMENT

AWARDED TO

SPECIALIST FOUR THOMAS W. COLE, UNITED STATES ARMY

For distinguishing himself by meritorious performance while assigned to Company A, 313th Military Intelligence Battalion (CEWI), 82d Airborne Division, from 5 January 1984 to 19 January 1984. As a Direction Finding Operator, his outstanding performance of duty contributed significantly to the success of the mission. Specialist Four Cole's initiative, sound judgment, and devotion to mission accomplishment constitute outstanding service and reflect great credit upon him, the 82d Airborne Division, and the United States Army.

24 AUGUST 1984

EDWARD L. TROBAUGH  
Major General, USA  
Commanding

(b) (6)



# DEPARTMENT OF THE ARMY

## CERTIFICATE OF ACHIEVEMENT

AWARDED TO

SPECIALIST FOUR THOMAS COLE, UNITED STATES ARMY

For distinguishing himself by meritorious performance while assigned to Company A, 313th Military Intelligence Battalion (CEWI), 82d Airborne Division, from 6 May 1984 to 11 May 1984. As a Low Level Voice Intercept Team Member, his outstanding performance of duty contributed significantly to the success of the mission. Specialist Four Cole's initiative, sound judgment, and devotion to mission accomplishment constitute outstanding service and reflect great credit upon him, the 82d Airborne Division, and the United States Army.

24 AUGUST 1984

EDWARD L. TROBAUGH  
Major General, USA  
Commanding

(b) (6)



# DEPARTMENT OF THE ARMY

## STATEMENT OF TRAINING

This is to certify that

SP4 Thomas W. Cole

(b) (6)

has successfully completed

NBC Officer/Noncommissioned Officer/Enlisted Course 14-84  
10 September 1984 - 21 September 1984

XVIII Airborne Corps and Fort Bragg  
NBC Defense School

Given at Fort Bragg, North Carolina 28307

(b) (6)

(b) (6)

MAJ GS, Commandant

AIRBORNE



XVIII ABN CORPS

# Noncommissioned Officer Academy

-PRIMARY LEADERSHIP DEVELOPMENT COURSE-

## Diploma

SPECIALIST FOUR THOMAS W. COLE

"COMMANDANT'S LIST GRADUATE"

has successfully completed the 680-2-PLDC course of instruction at this academy from 20 MAY through 18 JUN 19 85

*James J. Lindsay*  
JAMES J. LINDSAY, LTC  
Commander



(b) (6)

(b) (6) JR., CSM  
Commandant

(b) (6)

DEPARTMENT OF THE ARMY  
COMPANY A, 313TH MILITARY INTELLIGENCE BATTALION (CEWI)  
82D AIRBORNE DIVISION  
FORT BRAGG, NORTH CAROLINA 28307-5100

1 NOVEMBER 85

SUBJECT: Letter of Appreciation

TO: Specialist Four THOMAS W. COLE, (b) (6)  
Company A, 313th Military Intelligence Battalion  
Fort Bragg, North Carolina 28307-5100

1. It is with great pleasure and enthusiasm that I pass on the thanks of all the families of the 313th Military Intelligence Battalion for your outstanding performance in support of this year's Battalion Children's Halloween Party.
2. Nothing is probably more cherished than a soldier's free time on the weekends. As a bachelor you willingly gave of your free time in support of the children of this unit-time you might have spent otherwise. Their Halloween Party was a great success while bringing the families of the Battalion closer together. The spirit and enthusiasm you displayed will long be remembered and only reconfirms our confidence in your dedication and professionalism.
3. On behalf of Company A, as well as all the families of the 313th MI Battalion, thank you for a job well done.

Airborne!

(b) (6)

CPT, MI  
Commanding

(b) (6)

Rec'd 27 Jun 90 FIC

# ENLISTMENT / REENLISTMENT DOCUMENT ARMED FORCES OF THE UNITED STATES

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 3331, 32 USC 708, 44 USC 708, 44 USC 3101, and Sections 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071, through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411 of 10 USC and in Executive Orders 9397, 10450, and 11652.

**PRINCIPAL PURPOSES:** To record enlistment or reenlistment into the U. S. Armed Forces. This information becomes a part of your military personnel records which are used to provide promotion, reassignment, training, medical support, and other personnel management actions for you. Your Social Security Number is necessary to identify you and your records, and to properly report your earnings as a member of the U. S. Armed Forces to the Social Security Administration. The data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal law and regulations.

**ROUTINE USES:** To document your enlistment/reenlistment agreement with the U. S. Armed Forces; to record voluntary changes in your enlistment/reenlistment agreement; to determine dates of service and seniority; and for such other routine personnel management actions required to maintain normal career progression as a member of a component of the U. S. Armed Forces.

**DISCLOSURE IS VOLUNTARY:** However, failure to furnish information will result in denial of enlistment or reenlistment.

### A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) COLE THOMAS WILLIAM		2. SOCIAL SECURITY NUMBER (b) (6)	
3. HOME OF RECORD (Street, City, State, ZIP Code) (b) (6) (b) (6) IN (b) (6)		4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State) NATIONAL GUARD ARMORY MARTON, IN 46953-2415	
5. DATE OF ENLISTMENT / REENLISTMENT (YYMMDD) 90 JUN 21	6. DATE OF BIRTH (YYMMDD) (b) (6)	7. PREV MIL SVC UPON ENL / REENLIST	YEARS MONTHS DAYS
		a. Total Active Military Service	
		b. Total Inactive Military Service	

### B. AGREEMENTS

8. I am enlisting /reenlisting in the ~~United States~~ (list branch of service) ARMY NATIONAL GUARD OF THE UNITED STATES this date for 1 years and 1 weeks beginning in pay grade E-4. The additional details of my enlistment / reenlistment are in Section C and Annex(es) A (NCB 21)

**a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):**

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) \_\_\_\_\_ for enlistment in the Regular component of the United States (list branch of service) \_\_\_\_\_ for not less than \_\_\_\_\_ years and \_\_\_\_\_ weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

**b. Remarks: (If none, so state.)**

" NONE "

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) (b) (6)

(Continued on reverse side.)

C.

**PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS**

**9. FOR ALL ENLISTEES OR REENLISTEES:** Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

**10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.**

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

**11. FOR ENLISTEES / REENLISTEES IN THE NAVY OR MARINE CORPS:** I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

**12. FOR ALL MALE APPLICANTS:** This form registers me under the Military Selective Service Act. The Department of Defense may transmit information from my personnel records, including name, social security number, birthdate, and address to the Selective Service System to meet registration and information reporting requirements.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

COLE THOMAS WILLIAM

SOCIAL SECURITY NO. OF ENLISTEE / REENLISTEE

(b) (6)

**D. CERTIFICATION AND ACCEPTANCE**

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.)

(b) (6) NONI (b) (6) initials of enlistee / reenlistee

b. SIGNATURE OF ENLISTEE / REENLISTEE

(b) (6)

c. DATE SIGNED (YYMMDD)

90 JUN 21

14a. On behalf of the ~~UNITED STATES~~ (list branch of service) ARMY NATIONAL GUARD, I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

**SERVICE REPRESENTATIVE INFORMATION**

b. NAME (Last, First, Middle)

(b) (6)

c. PAY GRADE

E-7

d. UNIT / COMMAND NAME

DET 3 (R&R) HQS IN STARC

e. SIGNATURE

(b) (6)

f. DATE SIGNED (YYMMDD)

90 JUN 21

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

INDIANAPOLIS, TN 46241-0326

**E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT**

**15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

**16. IN THE NATIONAL GUARD (ARMY OR AIR):**

I, THOMAS WILLIAM COLE, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of INDIANA against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of INDIANA and the orders of the officers appointed over me, according to law and regulations. So help me God.

**17. IN THE NATIONAL GUARD (ARMY OR AIR):**

I do hereby acknowledge to have voluntarily enlisted /reenlisted this 21ST day of JUNE 19 90 in the INDIANA National Guard and as a Reserve of the United States (list branch of service) ARMY with membership in the ARMY National Guard of the United States for a period of 1 years, 0 months, 0 days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE / REENLISTEE

(b) (6)

b. DATE SIGNED (YYMMDD)

90 JUN 21

19a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

**ENLISTMENT / REENLISTMENT OFFICER INFORMATION**

b. NAME (Last, First, Middle)

(b) (6)

c. PAY GRADE

CW2

d. UNIT / COMMAND NAME

HHT (-) 1-238TH CAVALRY

e. SIGNATURE

(b) (6)

f. DATE SIGNED (YYMMDD)

90 JUN 21

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

MARION, IN 46953-2415



NAME Cole	SOCIAL SECURITY NUMBER (b) (6)
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**SECTION III - OTHER PERSONAL DATA**

**23. CITIZENSHIP** (You must provide your recruiter with the necessary documents to confirm your answers.)

a. BIRTH CERTIFICATE			b. NATIVE COUNTRY	
(1) FILE NUMBER No certificate number	(2) ISSUING COUNTY (b) (6)	(3) ISSUING STATE (b) (6)	NA	
c. IF ALIEN, GIVE ALIEN REGISTRATION NUMBER AND LAST ADDRESS FURNISHED TO IMMIGRATION AND NATURALIZATION SERVICE (INS) NA			d. DATE/PORT OF ENTRY INTO THE U.S. (If applicable) NA	

**24. EDUCATION** (List all high schools and colleges attended. If none attended, show last school attended.)

a. FROM (YYMM)	b. TO (YYMM)	c. NAME OF SCHOOL	d. LOCATION	e. GRADUATE	
				YES	NO
87 03	Present	Ball State University	Muncie, IN		X
79 08	82 06	Marion High School	Marion, IN	X	

**25. RESIDENCES** (List all for the last five years or since 13th birthday, whichever is shorter.)

a. FROM (YYMM)	b. TO (YYMM)	c. STREET ADDRESS	d. CITY	e. STATE	f. ZIP CODE
89 03	PRESENT	(b) (6)	(b) (6)	(b) (6)	(b) (6)
87 03	89 03	(b) (6)	(b) (6)	(b) (6)	(b) (6)
83 09	87 03	(b) (6)	(b) (6)	(b) (6)	(b) (6)

**26. EMPLOYMENT** (Show all periods of employment and unemployment during the last five years.)

a. FROM (YYMM)	b. TO (YYMM)	c. NAME OF EMPLOYER	d. ADDRESS (Include Zip Code)	e. NAME OF IMMEDIATE SUPERVISOR	f. JOB TITLE
89 06	PRESENT	Office Systems Unlimited	401 E. Main St. Muncie, IN 47305	(b) (6)	Salesman
89 03	89 06	Unemployed		(b) (6)	
88 03	89 03	Tony's Locker Room	2915 W. Bethel Muncie, IN 47305	(b) (6)	Cook
87 03	88 03	Ball State Univ.	2000 W. University Muncie, IN 47305	(b) (6)	Security

**27. RELATIVES**

a. NAME (Last, First, Middle Initial)	b. DEPN		c. DATE OF BIRTH (YYMMDD)	d. PLACE OF BIRTH	e. PRESENT ADDRESS	f. CITIZENSHIP
	YES	NO				
FATHER (b) (6)	(b) (6)		(b) (6)	(b) (6)	(b) (6)	(b) (6)
MOTHER (Maiden Name) (b) (6)	(b) (6)		(b) (6)	(b) (6)	(b) (6)	(b) (6)
SPOUSE (Maiden Name, if applicable) (b) (6)	(b) (6)		(b) (6)	(b) (6)	(b) (6)	(b) (6)
CHILDREN (b) (6)	(b) (6)		(b) (6)	(b) (6)	(b) (6)	(b) (6)



NAME Cole		SOCIAL SECURITY NUMBER (b) (6)	
<b>37. OTHER BACKGROUND DATA</b>			
a.	Have you ever traveled to, or resided in, a foreign country except as a member of the United States Armed Forces (including dependent travel) performing official duties? (If "YES," give details in Item 39, "REMARKS.")	YES	NO
b.	Are you the only living child of your parents?		
c.	Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from the government of the United States?		
d.	Have you been enrolled in ROTC, Junior ROTC, Sea Cadet Program, or have you been a member of the Civil Air Patrol? (If "YES," enter organization and its address in Item 39, "REMARKS.")		
<b>38. UNDERSTANDING</b>			b. APPLICANT'S INITIALS
a.	I understand that an original enlistment obligates me to serve in the Armed Forces for a period of eight (8) years (active and inactive duty) unless sooner discharged.	(b) (6)	
<b>SECTION IV - REMARKS</b>			
<b>39. REMARKS (Enter Item(s) being continued.)</b>			
Home Phone: (b) (6) SOL: SFC (b) (6), WPPVAO			
" I HAVE HAVE BEEN COUNSELED THAT, UPON MY ENLISTMENT IN THE ARMY, I WILL INCUR THE BALANCE OF MY 6 YEAR MILITARY SERVICE OBLIGATION. " (b) (6) (b) (6) 21 Jun 90			
" I HEREBY STATE THAT NEITHER MY RECRUITER, NOR ANYONE ELSE INVOLVED WITH MY ENLISTMENT PROCESSING HAS ADVISED, SUGGESTED, OR IMPLIED THAT I SHOULD CONCEAL INFORMATION IN ANSWERING QUESTIONS ABOUT MY ADULT OR JUVENILE CIVIL OFFENSE RECORD, OR THAT I SHOULD FALSIFY OR WITHHOLD INFORMATION IN ANSWERING ANY QUESTIONS PERTAINING TO MY ENLISTMENT IN THE INDIANA ARMY NATIONAL GUARD." (b) (6) 21 Jun 90			
Item 26 cont'd: 8609 - 8703, Westbrook Construction, Street address unknown, Hopewills NC (b) (6) Carpenter. 8609 - 8301, U.S. Army			
Item 28 cont'd: U.S. Army, E-4, 830302 - 860911, U.S. Army Control Group, E-4, 860912 - 890301 U.S. Army Reserve, E-4, 891103 - 900620			
WPPVAO " 17385JNG08 " (1) 19D10 para 203 line 05 Troop A 1-238th Cavalry 401 N. Country Club Road Marion, IN 46953-2415 " 1X0 Enlistment Option " " E-4 "			

NAME Cole	SOCIAL SECURITY NUMBER (b) (6)
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**SECTION V - CERTIFICATION**

**40. CERTIFICATION OF APPLICANT** (Your signature in this block must be witnessed by your recruiter.)

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document: that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)  Cole Thomas William	c. SIGNATURE (b) (6)	d. DATE SIGNED (YYMMDD)  90 06 21
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**41. DATA VERIFICATION BY RECRUITER** (Enter description of the actual documents used to verify the following items.)

a. NAME (X one)		b. AGE (X one)		c. CITIZENSHIP (X one)	
<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE		<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE		<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	
<input checked="" type="checkbox"/> (2) OTHER (Explain) DD 214		<input checked="" type="checkbox"/> (2) OTHER (Explain) DD 214		<input checked="" type="checkbox"/> (2) OTHER (Explain) DD 214	
d. SOCIAL SECURITY NUMBER (X one)		e. EDUCATION (X one)		f. OTHER DOCUMENTS USED	
<input checked="" type="checkbox"/> (1) SSN CARD		<input checked="" type="checkbox"/> (1) DIPLOMA		Indiana Drivers License	
<input checked="" type="checkbox"/> (2) OTHER (Explain)		<input checked="" type="checkbox"/> (2) OTHER (Explain) DD 214			

**42. CERTIFICATION OF WITNESS**

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) (b) (6)	c. PAY GRADE E-7	d. RECRUITER I. D. (b) (6)	e. SIGNATURE (b) (6)	f. DATE SIGNED (YYMMDD) 90 06 21
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**43. SPECIFIC OPTION / PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES**

a. SPECIFIC OPTION / PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liason NCO, etc., as specified by sponsoring service - use clear text English.) **1X0 Enlistment Option, E-4, WPPVA0, Troop A 1-238th Cavalry, MTOE: 17385LNG08, Para 203 Line 05, 19D10**

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 43.a. above and annexes attached to my Enlistment/ Reenlistment Document (DD Form 4). c. APPLICANT'S (b) (6)

**44. CERTIFICATION OF RECRUITER OR ACCEPTOR**

a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) **ARMY NATIONAL GUARD**, and certify that I have not made any promises or guarantees other than those listed in Item 43 above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) (b) (6)	c. PAY GRADE E-7	d. RECRUITER I. D. OR ORGANIZATION (b) (6)	e. SIGNATURE (b) (6)	f. DATE SIGNED (YYMMDD) 90 06 21
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**SECTION VI - RECERTIFICATION**

**45. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY**

a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 45" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED

d. WITNESS		e. APPLICANT	
(1) TYPED OR PRINTED NAME	(2) PAY GRADE	(1) SIGNATURE	(2) DATE SIGNED (YYMMDD)
(3) SIGNATURE			

NAME  
Cole

SOCIAL SECURITY NUMBER  
(b) (6)

**NOTE**

USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.

**SECTION VII - PARENTAL / GUARDIAN CONSENT FOR ENLISTMENT**

**46. PARENT / GUARDIAN STATEMENT(S)** (Line out portions not applicable)

a. I/we certify that (Enter name of applicant) \_\_\_\_\_

has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States (Enter Branch of Service) \_\_\_\_\_

I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service.

b. FOR ENLISTMENT IN A RESERVE COMPONENT.

I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law.

**c. PARENT**

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYMMDD)
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**d. WITNESS**

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYMMDD)
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**e. PARENT**

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYMMDD)
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**f. WITNESS**

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)	(2) SIGNATURE	(3) DATE SIGNED (YYMMDD)
---	---------------	--------------------------

**47. VERIFICATION OF SINGLE SIGNATURE CONSENT**

**SECTION VIII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS**

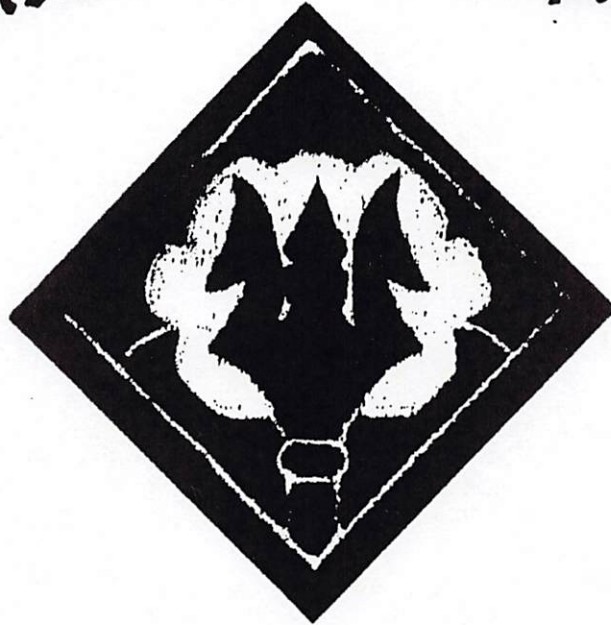
**48. NAME CHANGE.** If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE  NA	b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD  NA
---	---

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of NA by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

<b>d. WITNESS</b>		<b>e. APPLICANT</b>	
(1) TYPED OR PRINTED NAME	(2) PAY GRADE	(1) SIGNATURE	(2) DATE SIGNED (YYMMDD)
(3) SIGNATURE			

# Certificate of Completion



**This Certifies that**

SPC THOMAS W. COLE

has successfully fulfilled all the requirements for  
completion of  
**M60A3 Tank Displaced Equipment Training**

19E  
RECLASS

**In testimony whereof, we award this**

## Certificate

given at **Camp Shelby, Mississippi** on this 27th

day of October, 1990

(b) (6)

(b) (6)

Chief, M60A3 Det  
Camp Shelby, Ms

SERVICE SCHOOL ACADEMIC EVALUATION REPORT				DATE	
For use of this form, see AR 623-1; the proponent agency is MILPERCEN.				27 October 1990	
1. LAST NAME - FIRST NAME - MIDDLE INITIAL		2. SSN	3. GRADE	4. BR	5. SPECIALTY/MOSC
COLE, Thomas W.		(b) (6)	SPC		
6. COURSE TITLE		7. NAME OF SCHOOL		8. COMP	
192 NDR Reclass Phase II, 90-192-9		M60A3 DETT, Camp Shelby, MS 39407		ARNG	
9. TYPE OF REPORT		10. PERIOD OF REPORT (Year, month, day)		11. DURATION OF COURSE (Year, month, day)	
<input checked="" type="checkbox"/> RESIDENT		From: 90 10 13 Thru: 90 10 27		<input checked="" type="checkbox"/> From: Thru:	
<input type="checkbox"/> NONRESIDENT		12. EXPLANATION OF NONRATED PERIODS			
13. PERFORMANCE SUMMARY			14. DEMONSTRATED ABILITIES		
(b) (6)					
15. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING?					
(b) (6) <small>10" response must be supported by comments in ITEM 16)</small>					
16. COMMENTARY <small>... of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs)</small>					
(b) (6)					
17. AUTHENTICATION					
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF PREPARING OFFICER			SIGNATURE		
(b) (6), CPT, AR, Deputy Team Chief			(b) (6)		
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER			SIGNATURE		
(b) (6), MAJ, AR, Team Chief			(b) (6)		
18. MILITARY PERSONNEL OFFICER					
a. FORWARDING ADDRESS (Rated student)			b. DISTRIBUTION		
			<input type="checkbox"/> STUDENT <input type="checkbox"/> UNIT CDR (P/S NCOES only) <input type="checkbox"/> STUDENT'S OFFICIAL MILITARY RECORDS		

TROOP A, 1ST SQUADRON, 238TH CAVALRY  
Indiana Army National Guard  
401 North Country Club Road  
Muncie, Indiana 47303-2699

ORDER: 1-1

25 January 1991

COLE, THOMAS W., (b)(6) PFC TRP A 1ST SQDN 238TH CAV  
(WPPVAO) MUNCIE, IN 47303-2699

The following MOS action concerning you is directed.

MOS awarded: P19E10B8 S11B10 A98G10

MOS withdrawn: P19D00

Effective date: 30 January 1991

Authority: National Guard Regulation 600-200, Para 5-7c and 5-15c

Additional instructions: Para 206 Line 05

FORMAT: 310

(b) (6)

DISTRIBUTION:

Indiv conc (1)

Indiv MPRJ (1)

Unit conc (5)

HQ Avn Bde (2)

SIDPERS (2)

Sqdn file (2)

CPT, AR, INARNG  
Commanding

ARMY

LOT  
produced

f/f

11

PENNSYLVANIA ARMY NATIONAL GUARD  
HEADQUARTERS 1ST BATTALION, 111TH INFANTRY, 28TH INFANTRY DIVISION  
Armory: 340 Harding Boulevard  
Norristown, Pennsylvania 19401-3248

ORDERS 3-2

26 January 1994

COLE, THOMAS W. (b) (6) SPC HHC, 1st Bn, 111th  
Infantry PAARNG 340 Harding Boulevard, Norristown PA 19401-3248

The following MOS action concerning you is directed.

Awarded: Primary: 11B10 Secondary: 19E10 B8 Additional: NA  
Withdrawn: Primary: 19E10 B8 Secondary: 11B10 Additional: NA  
Effective date: 12 July 1993  
Authority: Paragraph E-11a, National Guard Regulation 600-200  
Additional instructions: Paragraph 108, Line 03 Basis of Acquire  
MOS Conversion

Format: 310

FOR THE COMMANDER:

(b) (6)

DISTRIBUTION  
D & E

CSM, PAARNG  
Mil Pers Tech

NGB FORM 22-5-R ADDENDUM

PART I--SOLDIER DATA

- 1. Name COLE, Thomas W. 2. SSN (b) (6)
- 3. Grade SPC/E4 4. PMOS 11B10 5. Critical Skill Yes
- 6. Bonus (b) (6) 7. ETS 960722
- 8. Current Unit of Assignment and Address HHC 1st Bn 111th Infantry,  
340 Harding Blvd., Norristown, PA 19401-3248
- 9. State Representative Who Coordinated Transfer SFC (b) (6)  
RNCO, (b) (6) 24 Feb 94

PART II--TRANSFER DATA

- 1. Transfer to (State) Indiana
- 2. New Unit of Assignment (UIC/Address/Phone Number) WPPVAO /  
Troop A, 1/238th Cavalry / 401 North Country Club Rd. Muncie, IN 47303-2699 / (317) 289-610
- 3. New Unit POC (Name/Phone Number) SFC (b) (6)
- 4. State Representative Through Whom Transfer was Coordinated \_\_\_\_\_
- 5. Effective Date of Transfer (date of enlistment) 2 Mar 94

PART III--SOLDIER ACKNOWLEDGEMENT

I, Thomas W. Cole, acknowledge that I have been accepted  
(soldier's name)  
by the State of Indiana for an interstate transfer. I  
understand that I must report to my new unit of assignment no later  
than 30 Apr 94. That it is my responsibility to contact my  
new unit if I will be delayed. I further understand that if I fail to  
report, I will receive an uncharacterized discharge with a reenlistment  
eligibility code of 3, which will disqualify me for enlistment unless  
a waiver is approved. I understand that my failure to report also sub-  
jects me to possible administrative and judicial action. That I am not  
authorized to enter into a service agreement with another military unit/  
component during the period of transfer.

(b) (6) 2 March 1994  
(soldier's signature & date)

(b) (6) SFC 2 March 1994  
(unit representative signature & date)

Attachments:

- 1. Copy of Soldier's DA Form 2-1
- \*Soldier must report to new unit within 60 days of date of enlistment.

ADDENDUM TO DD FORM 4

LAST NAME  
COLE

SSN

(b) (6)

APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE  
FOR INTERSTATE TRANSFER IN THE ARMY NATIONAL GUARD

I DO HEREBY ACKNOWLEDGE TO HAVE VOLUNTARILY TRANSFERRED INTERSTATE  
THIS 2nd DAY OF March 19 94 TO Trp A, 1/238th Cavalry ARMY  
(UNIT)

NATIONAL GUARD OF THE STATE OF Indiana WITH CONTINUED MEM-  
BERSHIP IN THE NATIONAL GUARD OF THE UNITED STATES AND AS A RESERVE  
OF THE UNITED STATES ARMY FOR THE PERIOD REMAINING ON MY CURRENT  
ENLISTMENT, WITH ETS DATE OF 22 July 1996, UNDER THE CONDITIONS  
PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED BY PROPER AUTHORITY.  
NOTE: ORIGINAL PERIOD OF ENLISTMENT WILL NOT CHANGE ON AN INTER-  
STATE TRANSFER.

I, Thomas W. Cole, DO SOLEMNLY SWEAR (OR AFFIRM)  
(RECITE NAME)

THAT I WILL SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES  
AND OF THE STATE OF Indiana AGAINST ALL ENEMIES, FOREIGN  
AND DOMESTIC; THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE SAME;  
AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES  
AND THE GOVERNOR OF Indiana, AND THE ORDERS OF THE  
OFFICERS APPOINTED OVER ME, ACCORDING TO LAW AND REGULATIONS. I  
FURTHER AGREE TO FULFILL ALL PRIOR CONTRACTUAL AGREEMENTS ON AN INTER-  
STATE TRANSFER. SO HELP ME GOD.

I ACKNOWLEDGE THAT THE ABOVE OATH HAS BEEN ADMINISTERED TO ME AND THAT  
I HAVE SWORN (OR AFFIRMED) TO THE SAME.

(b) (6)

2 Mar 94

SIGNATURE OF INDIVIDUAL

DATE

THE ABOVE OATH, AS FILLED IN, WAS ADMINISTERED, SUBSCRIBED, AND DULY  
SWORN TO (OR AFFIRMED) BEFORE ME ON 2 March 19 94.

(b) (6)

CPT, Troop A, 1/238th Cavalry

(b) (6)

NAME, GRADE, & ORGANIZATION OF  
ENLISTING OFFICER (TYPE OR PRINT)

SIGNATURE OF ENLISTING  
OFFICER

**STATEMENT OF UNDERSTANDING  
THE SELECTED RESERVE MONTGOMERY GI BILL (10 USC CHAPTER 106)**

For use of this form, see AR 135-7, the proponent agency is ODCSPER

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC, chapter 106 and section 552a, title 10, USC.  
**PRINCIPAL PURPOSE:** To explain obligation and eligibility requirements for entitlement under the Selected Reserve Montgomery GI Bill (10 USC Chap 106) and to ensure that your understanding of these conditions is a matter of record.  
**ROUTINE USES:** Information on eligibility and entitlement under the Montgomery GI Bill.  
**DISCLOSURE:** Disclosure of your SSN is voluntary.

**SECTION I - APPLICABILITY**

This Statement of Understanding will be completed by all soldiers on assignment to, or serving in, the Selected Reserve of the U.S. Army, regardless of Selected Reserve Montgomery GI Bill eligibility status.

**SECTION II - INSTRUCTIONS**

The service representative is responsible for explaining the Montgomery GI Bill requirements and benefits outlined on this form. Following the reading, explanation, and affixing of proper signatures, a copy of this form will be filed in the soldier's official military personnel file (OMPF).

**SECTION III - QUALIFICATIONS**

1. Effective 1 July 1985, the Selected Reserve Montgomery GI Bill (SEL RES MGIB) prescribed by AR 135-7, chapter 8, and codified in law (10 USC Chap 106), provides financial assistance for the pursuit of educational programs approved by the Department of Veterans Affairs (DVA) to qualified officers, warrant officers, and enlisted soldiers serving in the Selected Reserve. To qualify for entitlement under the SEL RES MGIB, I understand that on or after 1 July 1985 a soldier must:
  - a. Contract to serve at least 6 years in the Selected Reserve by enlisting, reenlisting, or extending an enlistment or reenlistment in the Army National Guard or the U.S. Army Reserve with concurrent assignment to the Selected Reserve. An officer or warrant officer must agree to serve in the Selected Reserve for 6 years in addition to any other Selected Reserve obligation.
  - b. Be a high school diploma graduate or alternate. An enlisted soldier with no previous military service must be a high school diploma graduate or alternate before completion of initial active duty for training (IADT).
  - c. Complete, or have completed, initial active duty for training (IADT) or the equivalent. IADT or the equivalent, which is required for all accessions, includes basic military and technical skill training.
  - d. Not -
    - (1) Be an unsatisfactory participant; or
    - (2) Be qualified for the Montgomery GI Bill for active duty service (38 USC Chap 30); or
    - (3) Be receiving financial (scholarship) assistance as a member of the Reserve Officers Training Corps; or
    - (4) Be pursuing graduate studies or a course of education leading to a degree above a baccalaureate; or
    - (5) Be serving in an Active Guard Reserve status.
2. Prior to 1 October 1990, soldiers who had received a baccalaureate degree, or equivalent, or completed a course of instruction required for award of same, could not qualify for, or were terminated from, educational assistance under the SEL RES MGIB. Since that date, a soldier who has received a baccalaureate degree and qualifies under paragraph 1 above, can receive assistance in pursuing additional undergraduate courses approved by the Department of Veterans Affairs by contacting for an additional 6 years of Selected Reserve service.
3. Effective 1 October 1990, a soldier who qualifies under paragraph 1 above and contracts for 6 years of Selected Reserve service; or a soldier who is currently under the SEL RES MGIB and contracts for an additional 6 years of Selected Reserve service; may receive assistance in pursuing vocational, technical, or flight training programs, approved by the DVA.

**SECTION IV - ENTITLEMENT**

I understand that -

1. The date of my basic entitlement to educational assistance under the SEL RES MGIB will be established the day I meet all of the qualifications specified in section III, paragraph 1, above. I will be eligible to utilize the SEL RES MGIB benefits only when my basic date of entitlement has been established.
2. When entitlement is established, I will be required to sign a Notice of Basic Eligibility (NOBE) which will fully explain satisfactory participation, monthly entitlements, authorized nonparticipation, expiration of entitlements, and prohibited duplication of educational benefits. The NOBE will be provided to me by supporting personnel officials in my command.
3. Any additional Selected Reserve contractual service incurred under section III, paragraphs 2 or 3 above, will not change my basic date of entitlement established under paragraph 1 above.

NAME

SSN

SECTION V - BENEFITS

1. If qualified, I will be entitled to educational assistance to pursue a program of education approved by the Department of Veterans Affairs at the following rates:

- a. \$170 per month for each month as a full-time student.
- b. \$128 per month for each month as a 3/4-time student.
- c. \$85 per month for each month as a 1/2-time student.
- d. An appropriate reduced rate as determined by the Department of Veterans Affairs for less than 1/2-time pursuit of a program of education.

2. The maximum benefit period is 36 months based on full-time status, or 48 months based on 3/4-time status, or 72 months based on 1/2-time status, or the number of months determined by the Department of Veterans Affairs based on less than 1/2-time status, or any combination with a maximum benefit of \$6,120.

SECTION VI - CAUTION

I understand that -

- 1. I may be qualified for the SEL RES MGIB and for a bonus under the Selected Reserve Incentive Program (SRIP), or other incentives such as loan repayments, at the time of my enlistment, reenlistment, or extension in the Army National Guard or the U.S. Army Reserve; and
- 2. I am authorized to reenlist or extend at any time during a current enlistment or reenlistment agreement to qualify for the SEL RES MGIB; and
- 3. Regulations governing eligibility for a bonus under the SRIP may specify that the reenlistment or extension must be accomplished within a certain specified period prior to the expiration of term of service (ETS); and
- 4. If I reenlist or extend to qualify for the SEL RES MGIB when I am not within the specified period prior to my ETS date, I will be ineligible for a SRIP bonus.

SECTION VII - UNDERSTANDING

I have read and understand each of the sections above, have had my questions answered satisfactorily, and understand the Selected Reserve Montgomery GI Bill eligibility requirements, benefits, entitlement procedures, and caution.

10 Dec 92

Date Signed

(b) (6)

Applicant's Signature

(b) (6)

Social Security Number

THOMAS W. Cole G-1

Typed or Printed Name and Rank

SECTION VIII - CERTIFICATION BY SERVICE REPRESENTATIVE

I certify that I have witnessed the reading and signing of the above agreement and the signature appearing above is that of the applicant.

Date Signed

Signature of service representative

Title

Typed or Printed Name and Rank

**SERVICE SCHOOL ACADEMIC EVALUATION REPORT**

For use of this form, see AR 623-1; the proponent agency is MILPERCEN.

DATE

25 April 1996

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>COLE THOMAS WILLIAM</b>		2. SSN <b>(b) (6)</b>	3. GRADE <b>E4</b>	4. BR	5. SPECIALTY/MOSC <b>11B</b>
6. COURSE TITLE <b>16S10 (Manpans Crewmember PH I)</b>		7. NAME OF SCHOOL <b>INDIANA MILITARY ACADEMY</b>			8. COMP <b>ARNG</b>
9. TYPE OF REPORT <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT	10. PERIOD OF REPORT (Year, month, day) From: <b>960106</b> Thru: <b>960414</b>		11. DURATION OF COURSE (Year, month, day) From: <b>960106</b> Thru: <b>960414</b>		
12. EXPLANATION OF NONRATED PERIODS					

13. PERFORMANCE SUMMARY	14. DEMONSTRATED ABILITIES
<p><b>(b) (6)</b></p>	

15. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING?  
**(b) (6)** (A "NO" response must be supported by comments in ITEM 16)

16. COMMENTS (This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential; leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs)

**(b) (6)**

NAR

**17. AUTHENTICATION**

a. TYPED NAME, GRADE, BRANCH, AND TITLE OF PREPARING OFFICER <b>(b) (6)</b> <b>CW4, INARNG, MIL PERS TECH</b>	SIGNATURE <b>(b) (6)</b>
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER <b>(b) (6)</b> <b>MAJ, AG, INARNG, TNG ADMIN</b>	SIGNATURE <b>(b) (6)</b>

**18. MILITARY PERSONNEL OFFICER**

a. FORWARDING ADDRESS (Rated student) <b>(b) (6)</b>	b. DISTRIBUTION <input checked="" type="checkbox"/> STUDENT <input checked="" type="checkbox"/> UNIT CDR (P/B NCOES only) <input checked="" type="checkbox"/> STUDENT'S OFFICIAL MILITARY RECORDS
---	---

BWF

Already loaded

SPC SID

**CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT**

**AN AGREEMENT BETWEEN**

Cole, Thomas W.  
(Name of Individual - Printed or typed)

**AND THE UNITED STATES**

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12356, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Sections 1.1 and 1.2(e) of Executive Order 12356, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of the information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or the termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, and \*952, Title 18, United States Code, \*the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act

5. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any security violation.

6. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.

7. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

8. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Section 793, Title 18, United States Code, a United States criminal law.

9. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

10. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

11. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12356; Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C 421 et seq.) (governing disclosures that could expose confidential Government information), and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, and 952 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

( Continue on reverse. )

11. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this Agreement and its implementing regulation (32 CFR Section 2003.20) so that I may read them at this time, if I so choose.

SIGNATURE <b>(b) (6)</b>	DATE 3.15.96	SOCIAL SECURITY NUMBER (See Notice below) <b>(b) (6)</b>
-----------------------------	-----------------	--

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND, IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER)  
(Type or print)

BATTERY A, 1-138TH ADA  
ATTN:  
401 NORTH COUNTRY CLUB ROAD  
MUNCIE, INDIANA 47303-2699

WITNESS		ACCEPTANCE	
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE <b>(b) (6)</b>	DATE 15 Mar 96	SIGNATURE	DATE
<p>BATTERY A, 1-138TH ADA ATTN: 401 NORTH COUNTRY CLUB ROAD MUNCIE, INDIANA 47303-2699</p>		NAME AND ADDRESS (Type or print)	

**SECURITY DEBRIEFING ACKNOWLEDGEMENT**

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE	DATE
-----------------------	------

NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS
---------------------------------	----------------------

**NOTICE:** The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

\* NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

510

# OATH OF EXTENSION OF ENLISTMENT OR REENLISTMENT

For use of this form, see AR 140-111 (USAR), and NGR 600-200 (ARNG);  
the proponent agencies are Commander, ARPERCEN and Chief, National Guard Bureau.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

**AUTHORITY:** Title 10, USC, Sec 270, 275, and 280, Title 32, USC Sec 302(c), and Executive Order 9397.

**PRINCIPAL PURPOSE(s):** To be used when a member of the ARNG or USAR extends a current enlistment/reenlistment agreement (Chapter 2, NGR 600-200/Chapter 3, AR 140-111)

**ROUTINE USES:** Confirmation of obligation and participation requirements, and as a basis for non-participation action if the individual fails to meet participation requirements. The SSN is used to identify the individual.

**DISCLOSURE:** Completion of this form and disclosure of SSN are voluntary. If member refuses to provide the requested information and sign the form, the member will be released upon normal ETS date. A copy of this form will be retained by the individual.

## EXTENSION PROCESSING DATA

1. THIS IS AN EXTENSION OF ENLISTMENT/REENLISTMENT OF A CURRENT MEMBER OF

ARMY NATIONAL GUARD AND A RESERVE OF THE ARMY       A TROOP PROGRAM UNIT OF THE US ARMY RESERVE

USAR-ACTIVE GUARD/RESERVE  
 INDIVIDUAL READY RESERVE  
 INDIVIDUAL MOBILIZATION AUGMENTEE

2. NAME (Last, first, MI)      3. SOCIAL SECURITY NO.      4. GRADE      5. DATE

COL THOMAS WILLIAM      (b) (6)      SPC/E4      1 JUNE 96

6. UNIT OF ASSIGNMENT (Include unit designation, address, UIC and ZIP Code)

Btry A 1/138th ADA  
401 N. Country Club Rd., Muncie, IN 47303-2699

7. CURRENT (Latest) DD FORM 4 OR DD FORM 4/1 THROUGH 4/4

a. DATE 940302      b. TERM OF SERVICE (Years)      c. NUMBER OF EXTENSIONS PREVIOUSLY GRANTED TO CURRENT DD FORM 4 0

d. ETS 960712      e. BASIC PAY ENTRY DATE 831001

8. PROVISIONS AND COMPUTATION OF THIS EXTENSION

	(Day)	(Month)	(Year(s))
a. CURRENT ETS (Extracted from item 7d above)	22	07	96
b. PERIOD OF THIS EXTENSION	22	00	06
c. NEW ETS (Sum of a and b above)	22	07	2002

EXT      LOFZ1165

NOT ELIGIBLE FOR ANY INCENTIVE PROGRAM - (b) (6)

9. AUTHORITY AND REASON FOR THIS EXTENSION

"Table 7-1, Rule b"      PARA 7-3       (AR 140-111)       (NGR 600-200)

## OATH OF EXTENSION

I do hereby acknowledge this 1 day of JUNE, 19 96, that I have voluntarily extended my current enlistment/reenlistment agreement of 02 day, of MARCH, 19 94, for the period indicated in item 8b above. I agree to remain a member of the (Army National Guard of INDIANA and as a Reserve of the Army) (United States Army Reserve) during the entire period of this extension. I understand this extension will establish my Expiration Term of Service (ETS) date as shown in item 8c.

SIGNATURE      DATE

(b) (6)      1 JUNE 96

## OFFICER CERTIFICATION

I certify that the above Oath of Extension was subscribed and duly sworn before me this 1 day of JUNE, 19 96.

TYPED NAME, GRADE, AND BRANCH OF COMMISSIONED OFFICER \*      SIGNATURE OF COMMISSIONED OFFICER \*

(b) (6)      1LT, AD, INARNG      (b) (6)

\* On warrant officer or any other person so designated to administer oaths under State law, for member of the Army National Guard.

DA FORM NOV 86 4836

ARNG: Gaining unit will retain this copy  
USAR: (Unit members) - Attach to Current DD Form 4 and insert in MPRJ  
(IRR members) - Attach to Original and forward to Cdr, ARPERCEN

JWT

SIP

STATE OF INDIANA  
MILITARY DEPARTMENT  
OFFICE OF THE ADJUTANT GENERAL  
2002 SOUTH HOLT ROAD  
INDIANAPOLIS, INDIANA 46241-4839

MDI-ARP-PSB (600-8-22a)

22 October 1996

MEMORANDUM THRU BTRY A 1ST BN 138TH ADA INARNG (WYKWAO) MUNCIE, IN 47303-2699

FOR SPC COLE THOMAS WILLIAM, (b) (6)

SUBJECT: Army Reserve Component Achievement Medal (First Award)

1. You have completed the required service to qualify you for the First Award of the Army Reserve Components Achievement Medal, which is awarded to you effective 1 November 1993.
2. The Army Reserve Components Achievement Medal is enclosed.
3. It is with great pleasure that this award for long and faithful service in the Indiana National Guard is forwarded, and with it are wishes for continuance of such loyal service.

FOR THE CHIEF, PLANS AND ACTIONS BRANCH:

(b) (6)

Encl

CW5, INARNG  
Military Personnel Manager

MODE = MEMORY TRANSMISSION START=SEP-08 11:56 END=SEP-08 11:56

FILE NO. = 116

NO.	COM	ABBR/NTWK	STATION NAME/ TELEPHONE NO.	PAGES	PRG.NO.	PROGRAM NAME
001	OK	<23>	COLUMBUS	001/001		

\*\*\*\*\* -MDI-ARP-PAB - \*\*\*\*\* 317 247 3150- \*\*\*\*\*

MILITARY DEPARTMENT OF INDIANA  
2002 South Holt Road  
Indianapolis, Indiana 46241-4839

ORDERS 186-002

1 September 1998

COLE, THOMAS W. (b) (6) SPC DET 1, CO A (S&T) 113TH SPT BN INARNG (WPCPA1)  
NORTH VERNON, IN 47265-0068

You are discharged from the Army National Guard and assigned to component indicated on day following effective date.

Reserve assignment: ARPERCEN Control Group, (Reinforcement), 9700 Page Blvd,  
St. Louis, MO 63132-5200

Effective date: 15 September 1998

Type of discharge: (b) (6)

Additional instructions: Character of Service: (b) (6) Code (b) (6)

Records outlined in NGR 600-200 will be forwarded this HQ within 10 days after receipt of orders. Your SGLI will terminate 120 days from the effective date of this order. If you desire insurance coverage, you must convert your SGLI to VGLI. This can be accomplished by completing SGLV Form 8714. Insurance application and premiums must be mailed directly to OSGLI, 213 Washington Street, Newark, New Jersey 07102, Tele: 1-800-419-1473. Bonus Not Entitled: Code Q. RE3.

FOR ARNG/ARMY USE

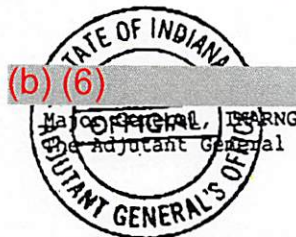
Auth: Paragraph 8-27v, National Guard Regulation 600-200.

HOR: (b) (6) IN (b) (6)

Format: 510

BY ORDER OF THE GOVERNOR:

DISTRIBUTION:  
3-Unit  
2-HQ



DEPARTMENTS OF THE ARMY AND THE AIR FORCE  
NATIONAL GUARD BUREAU  
**REPORT OF SEPARATION AND RECORD OF SERVICE**  
FOR USE OF THIS FORM, SEE NGR (AR) 600-200. THE PROPONENT AGENCY IS NGB-ARP-PE)

REPORT OF SEPARATION AND RECORD OF SERVICE IN THE 1 ARMY NATIONAL GUARD OF INDIANA AND AS A RESERVE OF THE 2 \*\*\*\*\*

1. Insert either Army or Air 2. Enlisted personnel only - Insert only Army or Air Force

1. LAST NAME - FIRST NAME - MIDDLE NAME <b>COLE THOMAS WILLIAM</b>				2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMGUS/INARNG</b>				3. SOCIAL SECURITY NUMBER <b>(b) (6)</b>						
4. DATE OF ENL	YR	MO	DA	5a. RANK	5b. PAY GRADE	6. DATE OF RANK	YR	MO	DA	7. DATE OF BIRTH	YR	MO	DA	
	90	06	21	SPC	E4		84	11	29		(b) (6)			
8a. STATION OR INSTALLATION AT WHICH EFFECTED <b>DET 1 CO A (S&amp;T) 113TR SPT BN NORTH VERNON IN 47265-0068</b>										8b. EFFECTIVE DATE		YR	MO	DA
												98	09	15
9. COMMAND TO WHICH TRANSFERRED <b>USAR Control Group(Reinforcement) AR-PERSCOM 9700 Page Boulevard St. Louis, MO 63132-5200</b>						10. RECORD OF SERVICE			YRS	MOS	DAYS			
						(a) NET SERVICE THIS PERIOD			08	02	25			
						(b) PRIOR RESERVE COMPONENT SERVICE			03	01	12			
						(c) PRIOR ACTIVE FEDERAL SERVICE			03	07	08			
						(d) TOTAL SERVICE FOR PAY			14	11	15			
						(e) TOTAL SERVICE FOR RETIRED PAY			NA	NA	NA			
11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION				YR	MO	DA								
				02	07	22								
12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed) <b>PLDC 4WKS JUN85/EW-SIGNIT INTERCEPTOR 8WKS JUL83/NBC OFF-RCO SCH 2WKS SEP84/ARMOR CREWMEMBER 2WKS OCT90/M60A3 DET 8WKS OCT90/MANPADS CREWMEMBER 2WKS APR96//</b>						13. PRIMARY SPECIALITY NUMBER, TITLE AND DATE AWARDED (Additional specialty numbers and titles) <b>19E10BB M1 ARMOR CREWMAN 901102 11B10 INFANTRYMAN 901102</b>								
14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED SECONDARY/HIGH SCHOOL <u>12</u> YRS (Gr 1-12) COLLEGE <u>0</u> YRS						15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD (State Awards may be included) <b>NDSM/ASR/PRCHTRAD/AAH-2/AGCH(860204)/IHVE/ ARCAM(2HDAWD961101)/RIFLE M16(EXP)/RCOPDR/ HAND GREN(EXP)//</b>								
16. SERVICEMAN'S GROUP LIFE INSURANCE COV			17. PERSONNEL SECURITY INVESTIGATION											
(b) (6) YES (b) (6) NO			a. TYPE B. INVESTIGATION											
AMT \$(b) (6)			(b) (6)											
18. REMARKS <b>HGB Form 22 and HGB Form 55a were mailed to the individual's last known address as shown in item #19. Individual assigned to USAR Con Gp(Reinf) for completion of 3 yrs 10 mos 7 dys contractual obligation. PRIOR SERVICE: 830103-830203 E1 USAR DEP/ 830204-860911 E4 RA/860912-890203 E4 USAR CON GP/891102-900620 E4 USAR//</b>														
19. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and Zip Code) <b>(b) (6)</b>						20. SIGNATURE OF PERSON BEING SEPARATED <b>Soldier not available to sign</b>								
21. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>(b) (6) CW5, RECORDS CUSTODIAN</b>						22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>(b) (6)</b>								

(b) (6)

DEPARTMENT OF THE ARMY  
U.S. ARMY RESERVE PERSONNEL COMMAND  
1 RESERVE WAY  
ST. LOUIS, MO 63132-5200

ARPC-PSRE14-05  
ORDERS D-04-217026

19 APR 2002

COLE THOMAS WILLIAM  
(b) (6)

PSRE14

SPC 11B1 (b) (6)  
USAR CONTROL GROUP (REINF)

YOU ARE DISCHARGED FROM THE COMPONENT SHOWN.

AUTHORITY: AR 135-178  
EFFECTIVE DATE: 23 JUL 2002  
COMPONENT: UNITED STATES ARMY RESERVE  
TYPE OF DISCHARGE: (b) (6)

ADDITIONAL INSTRUCTIONS: IF RESERVE ID DD FORM 2A (RED) IS IN YOUR POSSESSION RETURN IT TO THIS HQS, ATTN: ARPC-ALQ. OFFICIAL MILITARY PERSONNEL FILE (OMPF) IS TRANSFERRED TO THE NATIONAL PERSONNEL RECORDS CENTER ATTN: NPRC-MPR 9700 PAGE ST LOUIS, MO 63132-5200 FUTURE INQUIRIES SHOULD BE DIRECTED TO THAT OFFICE. AS YOU NO LONGER HAVE ANY MILITARY STATUS, YOUR RECORDS ARE NO LONGER HELD BY THE ARMY. REMEMBER TO INCLUDE YOUR FULL NAME, SOCIAL SECURITY NUMBER AND ALL PREVIOUS SERVICE NUMBERS SO THAT YOUR RECORD CAN BE POSITIVELY IDENTIFIED. PSRE14

FORMAT: 500

\*\*\*\*\*  
\* AR-PERSCOM \*  
\* OFFICIAL \*  
\*\*\*\*\*

(b) (6)  
COL, AG  
COMMANDING

DISTRIBUTION: H2      PACKET: 15

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