DEPARTMENT OF THE NAVY
NAVY PERSONNEL COMMAND
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20180176
January 17, 2018

Mr. Jeff Hamman
3461 Woodbaugh Drive
Chesapeake, VA 23321

Dear Mr. Hamman:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek U.S. Navy Official Military Personnel File (OMPF) information pertaining to Clint Nelson. Your request was received in this office on January 11, 2017, has been assigned FOIA case file number CNPC20180176 by this command.

A releasable copy of available responsive information is enclosed. The redacted portions of the released documentation is exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Clint Nelson and other identified individuals. Any potentially available adverse documentation contained in an OMPF is categorically denied under FOIA exemption (b)(6) should such information be contained in an applicable record.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

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I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request by this command, you may contact the undersigned at (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at christopher.a.julka@navy.mil, (703)697-0031. In addition, the Office of Government Information Services (OGIS) provides a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information, go to https://www.archives.gov/ogis/about-ogis/contact-information.

Sincerely,

D. P. GERMAN
FOIA/PA Officer
By direction

HISTORY OF ASSIGNMENTS

10 | 31

1. GAIN	2. ACTIVITY	3. UIC	4. LOSS	5. INITIALS GAIN	5. INITIALS LOSS
FAILED TO REPORT 02FEB28	NRSW TPU SAN DIEGO CA	32005		(b) (6) [redacted]	

BEST AVAILABLE DOCUMENT

NAME (Last, first, middle initial)	SOCIAL SECURITY NUMBER	RANK/RATE
NELSON, CLINT MATTHEW	(b) (6) [redacted]	E3/QMSN

NAVPERS 1070/605 (Rev. 10-89) S/N 0106-LF-008-1800

SEP 2 3 2002

1. GAIN	2. ACTIVITY	3. UIC	4. LOSS	5. INITIALS	
				GAIN	LOSS

OFFICIAL RECORD COPY

HISTORY OF ASSIGNMENTS

10 | 31

1. GAIN	2. ACTIVITY	3. UIC	4. LOSS	5. INITIALS GAIN	5. INITIALS LOSS
ENL 950517	MEPS Jacksonville FL		TRF MAY 24 1995	(b) (6) [redacted]	
TEMDU MAY 24 1995	NAVCRUITRACOM GREAT LAKES IL	30646	TRF		
TEMDU 95AUG01	SSC NTC ORL FL	31156	TRF 11 SEP 1995		
TEMDU 95SEP25	NAVPHIBASE LITTLE CREEK VA TRANSIENT/OTHERS	31471	TRF 95SEP29		
DUTY 95SEP29	USS GUAM (LPH-9) PRD: 000CT NAVSTA/NORFOLK VA SDCD: 95SEP	07178	TRF 98JUL01		
DUTY 98JUL29	STU BASUNDDEM/SEAL TRA BUDS NSWC CORONADO CA	46462	TRF 99JAN 29		
DUTY 99JAN29	USS JOHN YOUNG (DD 973) HP: SAN DIEGO CA SDCD: 99JAN	20599	RAD 99JUN05		
99Jun06	NRPC NOLA (RECORDS ONLY)				

Name (Last, first, middle initial)	SOCIAL SECURITY NUMBER	BRANCH/CLASS
[illegible]	(b) (6) [redacted]	USN

VPERS 1070/605 (Rev. 10-89)
C SERV-REC SET 1
TPMSA OVERPRINT

1. GAIN	2. ACTIVITY	3. UIC	4. LOSS	5. INITIALS	
				GAIN	LOSS

OFFICIAL RECORD COPY

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES | THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. | ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME *(Last, First, Middle)*
NELSON, CLINT MATTHEW

2. DEPARTMENT, COMPONENT AND BRANCH
NAVY-USN

3. SOCIAL SECURITY NUMBER
(b) (6)

4a. GRADE, RATE OR RANK
QMSN

b. PAY GRADE
E3

5. DATE OF BIRTH *(YYYYMMDD)*
(b) (6)

6. RESERVE OBLIGATION TERMINATION DATE *(YYYYMMDD)*
NA

7a. PLACE OF ENTRY INTO ACTIVE DUTY
JACKSONVILLE, FL

b. HOME OF RECORD AT TIME OF ENTRY *(City and state, or complete address if known)*
SATELLITE BEACH, FL

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND
TPU SAN DIEGO, CA

b. STATION WHERE SEPARATED
PSD NAVAL BASE SAN DIEGO, CA

9. COMMAND TO WHICH TRANSFERRED
NA

10. SGLI COV AMOUNT:
(b) (6)

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.)*
BM-0170 SURFACE RESCUE SWIMMER (05YRS, 00MOS).
X
X
X
X
X
X
X

12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
a. DATE ENTERED AD THIS PERIOD	1995	AUG	13
b. SEPARATION DATE THIS PERIOD	2002	AUG	26
c. NET ACTIVE SERVICE THIS PERIOD	06	06	18
d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
f. FOREIGN SERVICE	00	00	00
g. SEA SERVICE	05	07	21
h. EFFECTIVE DATE OF PAY GRADE	2002	JAN	22

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*
NATIONAL DEFENSE SERVICE MEDAL. X
X
X
X
X
X

14. MILITARY EDUCATION *(Course title, number of weeks, and month and year completed)*
NONE. X
X
X
X
X
X

15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM
b. HIGH SCHOOL GRADUATE OR EQUIVALENT
(b) (6)

16. DAYS ACCRUED LEAVE PAID
(b) (6)

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION
(b) (6)

18. REMARKS
SER: 68556-02-1351-KVW. X
X
X
X
X
X
X
X
X
X

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 *(Include ZIP Code)*
(b) (6)

b. NEAREST RELATIVE *(Name and address - include ZIP Code)*
(b) (6)

20. MEMBER REQUESTS COPY 6 BE SENT TO
DIRECTOR OF VETERANS AFFAIRS
(b) (6)

21. SIGNATURE OF MEMBER BEING SEPARATED
"DISCHARGED IN ABSENTIA"

22. OFFICIAL AUTHORIZED TO SIGN *(Typed name, grade, title and signature)*
(b) (6)

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION
DISCHARGED

24. CHARACTER OF SERVICE *(Include upgrades)*
(b) (6)

25. SEPARATION AUTHORITY
(b) (6)

26. SEPARATION CODE
(b) (6)

27. REENTRY CODE
(b) (6)

28. NARRATIVE REASON FOR SEPARATION
(b) (6)

29. DATES OF TIME LOST DURING THIS PERIOD *(YYYYMMDD)*
(b) (6)

30. MEMBER REQUESTS COPY 4 *(Initials)*

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
NELSON, CLINT MATTHEW	NAVY, USN	(b) (6)

4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE
SM3	E4	(b) (6)	Year 03 Month 05 Day 16

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

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b. STATION WHERE SEPARATED
USS JOHN YOUNG (DD 973)	USS JOHN YOUNG (DD 973) AT SAN DIEGO, CA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI CO (b) (6) Amount:
NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149	

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.)

0170 - SURFACE RESCUE SWIMMER, 1YR 10MOS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	95	MAY	24
b. Separation Date This Period	99	JUN	05
c. Net Active Service This Period	04	00	12
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	00	00	00
g. Sea Service	03	01	10
h. Effective Date of Pay Grade	98	FEB	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
ENLISTED SURFACE WARFARE SPECIALIST, ENLISTED AVIATION WARFARE SPECIALIST, ARMED FORCES SERVICES MEDAL (2), ARMED FORCES EXPEDITIONARY MEDAL, BATTLE "E" RIBBON, SEA SERVICE DEPLOYMENT RIBBON (2), NATO MEDAL, JOINT MERITORIOUS UNIT COMMENDATION, HUMANITARIAN SERVICE MEDAL, NATIONAL

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
SIGNALMAN "A" SCHOOL, 5WKS, SEP95, SURFACE RESCUE SWIMMER, 4WKS, JUL97 XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID
(b) (6)				(b) (6)		(b) (6)

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO (b) (6)

18. REMARKS
BLK 13 CONT: DEFENSE SERVICE MEDAL

THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFIECATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19.b. NEAREST RELATIVE (Name and address - include Zip Code)
(b) (6)	(b) (6)

20. MEMBER REQUESTS COPY 6 BE SENT TO FL DIR. OF VET AFFAIRS [X] Yes [ ] No

22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and (b) (6)

21. SIGNATURE OF MEMBER BEING SEPARATED (b) (6)

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)
RELEASE FROM ACTIVE DUTY AND TRANSFER TO NAVAL RESERVE	(b) (6)

25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
(b) (6)	(b) (6)	(b) (6)

28. NARRATIVE REASON FOR SEPARATION (b) (6)

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
(b) (6)	(b) (6) Initials