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

5720
PERS 00J6/20190013
October 7, 2018

Mr. Colin Campbell
MuckRock News
DEPT MR 62028
411 Highland Avenue
Somerville, MA 02144

Dear Mr. Campbell:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request of October 5, 2018. You seek a copy of the DD Form 214 pertaining to Michael Ellis Hoffer and documents related to a 2011 investigation on Michael Ellis Hoffer by the Defense Department Inspector General's Office. Your request was received in this office on October 7, 2018, has been assigned FOIA request number NAVY-2019-000207 and FOIA correspondence file number CNPC20190013 by this command.

A copy of the applicable DD Form 214 is enclosed. Portions of the responsive document have been excised as they are 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 Michael Ellis Hoffer and other identified individuals.

The portion of your request seeking a Department of Defense Inspector General Investigation is not under the cognizance of this command. Please submit a request directly to the Department of Defense Office of the Inspector General for any responsive report. Please see the below link: http://dodig.mil/FOIA/Submit-FOIA/

Should you wish to appeal the withholding of portions of the DD Form 214 information, you may 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. 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."

I am the official responsible for the partial denial of your request if you consider the redacted information responsive to your request. Should you wish to discuss the processing of your request, you may contact the undersigned at (901) 874-3165 or david.german@navy.mil or contact the DON FOIA Public Liaison, Christopher Julka, at Christopher.a.julka@navy.mil or (703) 697-0031.

You may also contact the Office of Government Information Services (OGIS) as they provide a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information, please go to: https://www.archives.gov/ogis/about-ogis/contact-information.

Sincerely,

David German

D. P. GERMAN
FOIA/PA Officer
By direction

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

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER
HOFFER, MICHAEL ELLIS	NAVY-USN-RET	(b)(6)

4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)
CAPT	O6	(b)(6)	NA

7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
SARASOTA, FL	(b)(6) PA

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED
NAVY MEDICAL CENTER SAN DIEGO,CA	PERSUPP DET NAVAL BASE SAN DEIGO, CA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI C(b)(6) AMOUN
COMMANDER, NAVY PERSONNEL COMMAND (PERS-912), MILLINGTON, TN 38055	

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.)

2100-MEDICAL CORPS OFFICER,19YRS,06MOS.XX
0249-OTOLARYNGOLOGIST,13YRS.XX
0140-NUCLEAR MEDICINE SPECIALIST,02YRS,06MOS.XX
0002-MEDICAL DEPARTMENT STAFF OFFICER,02YRS,11MOS.X
X X X X
X X X X
X X X X
X X X X
X X X X

12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
a. DATE ENTERED AD THIS PERIOD	1994	07	04
b. SEPARATION DATE THIS PERIOD	2014	08	31
c. NET ACTIVE SERVICE THIS PERIOD	20	01	28
d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
e. TOTAL PRIOR INACTIVE SERVICE	01	01	06
f. FOREIGN SERVICE	00	00	00
g. SEA SERVICE	00	01	16
h. INITIAL ENTRY TRAINING	00	00	00
i. EFFECTIVE DATE OF PAY GRADE	2007	12	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

NAVY AND MARINE CORPS COMMENDATION MEDAL(2), PRESIDENTIAL UNIT CITATION, MERITORIOUS UNIT COMMENDATION(3), NATIONAL DEFENSE SERVICE MEDAL (2), GLOBAL WAR ON TERRORISM SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON, IRAQ CAMPAIGN MEDAL (2006SEP-2006DEC) (2008JULY-2009MAR)

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

ADVANCED OFFICER LEADERSHIP,02WKS,JAN03; INTERMEDIATE OFFICER LDRSHP,02WKS,SEP99; MOBILE MEDICAL AUGMENTATION READINESS TEAM,01WK,DEC95; DIRECT COMMISION OFFICER INDOCTRINATION CLASS PC,02WKS,JUL94.XX
X X X X

15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	X	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	X	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: _____)		YES	X	NO

16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES	NO
(b)(6)		(b)(6)	

18. REMARKS

EFFECTIVE RETIREMENT DATE: 2014SEP01.SER: 68556-14-1843-RVB.
X X X X X X X X
X X X X X X X X
X X X X X X X X
X X X X X X X X

The information contained here in 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. NEAREST RELATIVE (Name and address - include Zip Code)
(b)(6)	(b)(6)

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) (b)(6) OFFICE OF VETERANS AFFAIRS (b)(6)

a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)

21a. MEMBER SIGNATURE	b. DATE (YYYYMMDD)	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)	b. DATE (YYYYMMDD)
(b)(6)	20140822	(b)(6) BY DIROIC	20140822

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)	
RETIRED	(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 (YYYYMMDD)	30. MEMBER REQUESTS COPY 4 (Initials)
(b)(6)	(b)(6)

OFFICIAL RECORD COPY