

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1618545-000

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UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication**Title:** (U) OPENING EC [REDACTED]**Date:** 06/17/2019

b7E

CC: [REDACTED]**From:** DALLAS
[REDACTED]**Contact:** [REDACTED]**Approved By:** SSA [REDACTED]
CDC [REDACTED]b6
b7C
b7E**Drafted By:** [REDACTED]**Case ID #:** [REDACTED](U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]

89B-DL-3123373

(U) Shooting at US Attorney's Office
Dallas**Synopsis:** [REDACTED]

b7E

Details:

Captioned investigation is being initiated based on specific articulable factual basis that on 06/17/2019, BRIAN ISSACK CLYDE, Date of Birth (DOB) 09/30/1996, at approximately 8:38am, did commit an Active Shooter Domestic Terrorism event, firing at persons and buildings, to include the U.S. Federal Courthouse, Dallas, Texas, eventually being killed during the shooting by armed security officers. Further investigation revealed that the subject wrote and/or possessed a manifesto detailing Anti-Government/Anti-Authority Extremism.

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[REDACTED]

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Title: (U) OPENING EC [REDACTED]

b7E

Re: [REDACTED] 06/17/2019

CDC APPROVAL

Field Office CDC has reviewed and concurred with the opening of this investigation. The investigation will be reviewed by the CDC at least semi-annually.

SUMMARY OF PREDICATION:

Captioned investigation is being initiated based on specific articulable factual basis that on 06/17/2019, BRIAN ISSACK CLYDE, Date of Birth (DOB) 09/30/1996, at approximately 8:38am, did commit an Active Shooter Domestic Terrorism event, firing at persons and buildings, to include the U.S. Federal Courthouse, Dallas, Texas, eventually being killed during the shooting by armed security officers. Further investigation revealed that the subject wrote and/or possessed a manifesto detailing Anti-Government/Anti-Authority Extremism.

POTENTIAL VIOLATIONS OF FEDERAL LAW:

Potential violations of federal criminal statutes include:

Title 18 USC 111 Assaulting, resisting, or impeding federal officer

Title 18 USC 115 Threats against a federal officer

Title 18 USC 372 Conspiracy to impede or injure an officer

Title 18 USC 2385 Advocating overthrow of the U.S. Government

Title 18 USC 842 Importation, manufacture, distribution and storage of explosive materials

Title 18 USC 922 Unlawful possession of firearms

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[REDACTED]

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Title: (U) OPENING EC [REDACTED]

Re: [REDACTED] 06/17/2019

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It is therefore requested that a [REDACTED] case be opened and assigned to FBI
SA [REDACTED]

PERTINENT SENSITIVE INVESTIGATIVE MATTERS:

There are no known sensitive investigative matters.

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DESCRIPTIVE DATA:

BRIAN ISAACK CLYDE is described as follows:

W/M

DOB: 09/30/1996

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[Redacted]

UNCLASSIFIED//~~FOUO~~

Title: (U) OPENING EC [Redacted]

Re: [Redacted] 06/17/2019

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UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication**Title:** (U//~~FOUO~~) Review of Items Seized at
Subject's Residence**Date:** 06/18/2019**From:** DALLAS**Contact:** [REDACTED]b6
b7C
b7E**Approved By:** [REDACTED]**Drafted By:** [REDACTED]**Case ID #:** 89B-DL-3123373(U) Shooting at US Attorney's Office
Dallas(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]

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Synopsis: (U//~~FOUO~~) Review of Items Seized at Subject's Residence.**Enclosure(s):** Enclosed are the following items:

1. (U//~~FOUO~~) Item 4 / Room B
Trinity Ordnance Invoice
2. (U//~~FOUO~~) Item 5 / Room B
Black Notebook and Carmax
3. (U//~~FOUO~~) Item 5 / Room B
Black Notebook and Carmax
4. (U//~~FOUO~~) Item 6 / Room B
Watermarke Welcome Package and US Postal Receipt
5. (U//~~FOUO~~) Item 8 / Room B
Parker Aerospace Employee ID
6. (U//~~FOUO~~) Item 9 / Room B
Yellow Sticky Note with Writing
7. (U//~~FOUO~~) Item 10 / Room A
Carmax Business Card and Yellow Sticky Note

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[REDACTED]

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Title: (U//~~FOUO~~) Review of Items Seized at Subject's Residence
Re: 89B-DL-3123373, 06/18/2019

8. (U//~~FOUO~~) Item 11 / Room B
Two Direct Deposit Slips
9. (U//~~FOUO~~) Item 1 Room A Carmax Car Sale Offer
10. (U//~~FOUO~~) Item 2 Room A Academy Receipt
11. (U//~~FOUO~~) Grey-Pink Notebook; Black Notebook, Green Notebook, Green-White Notebook.
12. (U//~~FOUO~~) Grey-Pink Notebook; Black Notebook, Green Notebook, Green-White Notebook.
13. (U//~~FOUO~~) Grey-Pink Notebook; Black Notebook, Green Notebook, Green-White Notebook.
14. (U//~~FOUO~~) Grey-Pink Notebook; Black Notebook, Green Notebook, Green-White Notebook.
15. (U//~~FOUO~~) Item 12 Room E Black Notebook
16. (U//~~FOUO~~) Item 13 Room E Brown Folder With Military Records
17. (U//~~FOUO~~) Item 13 Room E Brown Folder With Military Records
18. (U//~~FOUO~~) Item 12/Room E
19. (U//~~FOUO~~) Item 12/Room E
20. (U//~~FOUO~~) Item 12/Room E
21. (U//~~FOUO~~) Item 12/Room E
22. (U//~~FOUO~~) Item 12/Room E
23. (U//~~FOUO~~) Item 12/Room E
24. (U//~~FOUO~~) Item 12/Room E
25. (U//~~FOUO~~) Item 12/Room E
26. (U//~~FOUO~~) Item 12/Room E
27. (U//~~FOUO~~) Item 12/Room E
28. (U//~~FOUO~~) Item 12/Room E
29. (U//~~FOUO~~) Item 12/Room E
30. (U//~~FOUO~~) Item 12/Room E
31. (U//~~FOUO~~) Item 12/Room E

Details:

(U//~~FOUO~~) On 06/17/2019, SAs [REDACTED]
[REDACTED] received evidence seized at the
subject's residence from SA [REDACTED] All evidence items received
were scanned, uploaded, and reviewed.

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[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Review of Items Seized at Subject's Residence
Re: 89B-DL-3123373, 06/18/2019

Item 1/Room A includes 1 attachment identified as follows:

1. CARMAX Offer

Item 3/Room A includes 1 attachment identified as follows:

1. Academy Ammo Receipt

Item 4/Room B includes 1 attachment identified as follows:

1. Trinity Ordnance invoice dated 06/15/2019 for purchase of 30 round magazines.

Item 5/Room B includes 2 attachments identified as follows:

1. Carmax Order Entry
2. Black Notebook with workout schedule and fantasy story

Item 6/Room B includes 1 attachment identified as follows:

1. Watermarke "Welcome Home" packet
2. USPS receipt

Item 7/Room E includes 4 attachments identified as follows:

1. Grey and Pink Notebook - Writing Pages 1-2 "Wrong"; Pages 13-35 "Operation Liberty Eagle," "Congress."
2. Black Notebook
3. Green Notebook - Writing Page 35 "Loyalty."
4. Green and White Notebook

Item 8/Room B includes 1 attachment as follows:

UNCLASSIFIED//~~FOUO~~

[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Review of Items Seized at Subject's Residence
Re: 89B-DL-3123373, 06/18/2019

1. Parker Aerospace employee badge

Item 9/room B includes 1 attachment as follows:

1. 1 yellow sticky note with address 5001 Marina Blvd, Fort Worth TX 76132 and 5301-505 Overton Ridge Blvd, Fort Worth TX 76132 written on both sides

Item 10/room A includes 1 attachment as follows:

1. Carmax business card in the name of [REDACTED]

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2. Yellow sticky note 0196813387 and [REDACTED]

Item 11/room B includes 1 attachment as follows:

1. Two Parker Aerospace Direct Deposit Slips

Item 12/Room E includes 14 attachments identified as follows:

1. Army Docs
2. Army Docs - Enlistment
3. Army-Honorable Discharge
4. Birth Certificate
5. College Transcripts-1
6. College Transcripts-2
7. DD 214
8. Del Mar College Certificate
9. Infantry School Diploma
10. Leander ISD-Academic Achievement Record
11. Traffic Ticket-City of Corpus Christi
12. USAA Insurance Card
13. VA Docs
14. Various Training Certificates
15. Black Notebook Letter to [REDACTED]

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Item 13/Room E includes 2 attachments with military records identified as follows:

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UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Review of Items Seized at Subject's Residence
Re: 89B-DL-3123373, 06/18/2019

1. Installation Clearance; DD Form 4/1
2. Separation Orders; DD 2648; Separation Checklist; Enlisted Record Brief; Soldier Deployment History Outprocessing Report; Assumption of Command; Outprocessing Record; Transition Assignment, Healthcare; DD 214; DD 2648; Termination of Housing.

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Acct# 1
Cash Sale 1

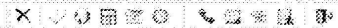
INVOICE 39319
AXCLINGI 06/15/2019 11:00a

1	HEX MAG 556 ODG		
085992200720		10.99	10.99
1	AMEND 2 30 ROUND MAG GRAY		
686751104138		8.49	8.49
1	AMEND 2 30 ROUND MAG GRAY		
686751104138		8.49	8.49
1	AMEND 2 30 ROUND MAG GRAY		
686751104138		8.49	8.49
1	MAGAZINE		
686751104022		9.99	9.99

Subtotal	46.45
Tax	3.83
Total	50.28

Prev auth ...4457 H15146 . 50.28

Thank you for shopping at Trinity
Ordnance.
Returns must be done within 30 days of
sales, receipt required. No returns on
firearms.
Have a great day.



Process Guide

- ☒ Delete Order
- ☒ Vehicle Details
- ☒ Vehicle History
- ☒ Primary Driver
- ☒ Brian Clyde
- ☒ Phone / Email
- ☒ Add a Customer?
- ☒ Attached VIN: 322219
- ☒ Payoff
- ☒ Appraisal Questions
- ☒ Attach Appraisal?
- ☒ License Plates
- ☒ Registration County
- ☒ Aircheck Voucher
- ☒ Military Question
- ☒ Finance Application
- ☒ MaxCare Features
- ☒ MaxCare Benefits
- ☒ MaxCare Details
- ☒ Accessories
- ☒ Appraisal Payoff
- ☒ Equity Drafts
- ☒ Finance Decisions
- ☒ GAP Agreement
- ☒ Document Help Center
- ☒ Your Payment
- ☒ Shopping Cart
- ☒ In Vehicle Services
- ☒ DMV Info 1
- ☒ DMV Info 2
- ☒ Drivers License Scanning
- ☒ Personal References
- ☒ Insurance
- ☐ Prep For Delivery?
- ☐ Appraisal Purchase
- ☐ Print Forms
- ☐ Retail Services

Enter the insurance company name

Vehicle Information

2018 HYUNDAI ELANTRA

VIN: SNPD64LF1JH253043

Mileage: 27000

Lienholder Insurance Address

Name: WESTLAKE FINANCIAL SERVICES

Address: PO BOX 76809

City: LOS ANGELES

State: CA

Zip: 90076

Phone: (866) 739-9192

Insurance Information

Insurance Company Name

Policy #

Policy Deductibles (\$500 maximum for on-line financing)

Comprehensive:

Collision:

Effective Date: 00/00/0000

Expiration Date: 00/00/0000

Insurance Agent

Agent's Name

Phone Number

Insurance Agent's Address

Address:

City:

State:

Zip:

Insurance Verification

Evidence of existing insurance policy provided (card, binder, etc.).





CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

**NOT
NEGOTIABLE**

Pay

Add

KEEP THIS
RECEIPT FOR
YOUR RECORDS

Serial Number

25726086911

Month Day

2017-05-24

Post Office

761141

Amount

\$529.50

Clerk

19

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WELCOME HOME!
Brian Clyde

505 *NA*
5001 Marina Club Blvd

Parking Permit Required "ComCapp Sticker"

76132

Please attach parking sticker today ☺

→ Please advise all guest to park in VISTOR PARKING ONLY

(Parking Policy Attached)

Emergency Maintenance After Hours

(817)294-9606

Prompt #1

RENT CAFÉ

<https://www.rentcafe.com/residentservices/watermarke-apartments/userlogin.aspx>

Please create your user account by visiting the link below. Once you are on the resident portal screen select the link "Click Here to Register".

→ Rent Café allows you to: Pay Rent Online & Submit Service Request

WATERMARKE

See back of receipt for chance
to win \$1000! 1-800-454-2110

Walmart

REG-44C 0270 MTD (DAVID) BALDANA
S101 TABACOLA 21

CURRNT 341111 10 7:412

ST# 05498 (PN 01041 318 4: TRN 07783
CKN BFT SWCH 00513740000 1.50 I
CKN BFT SWCH 00513740000 1.50 I
DONUTS 00400040000 1.99 0
HUSKY 39 GA 00000000000 12.47 X
00000 18.20
TAX 1.20
19.70
TOTAL 19.70
TOTAL 19.70
TOTAL 19.70

US DEBIT 13.75 1016 DEBIT
US DEBIT 13.75 1016 DEBIT
REF # 911300000000
NETWORK ID: 000000000000 001488
US DEBIT
AID 000000000000
TC 400000000000
*Pin Verified
TERMINAL # 000000000000

04/25/19 02:44:44

01/0000 000000

ICH 4000 000000 010 1000



04/25/19 02:44:44

Scan with Walmart app to save receipts



How was your experience?

Tell us about your visit today and you could win 1 of 5 \$1000 Walmart gift cards or 1 of 750 \$100 Walmart gift cards.

Díganos acerca de su visita a Walmart hoy y usted podría ganar una de las 5 tarjetas de regalo de Walmart de \$1000 o una de las 750 tarjetas de regalo de Walmart de \$100.

<http://www.survey.walmart.com>

76732

No purchase necessary. Must be 18 or older and a legal resident of the 50 US, DC, or PR to enter. To enter without purchase and for official rules, visit www.entry.survey.walmart.com.

Sweepstakes period ends on the date outlined in the official rules. Survey must be taken within ONE week of today. Void where prohibited.

THANK YOU

866 2942

How was your experience?

6298

Tell us about your visit today and you could win 1 of 5 \$1000 Walmart gift cards or 1 of 750 \$100 Walmart gift cards.

Díganos acerca de su visita a Walmart hoy y usted podría ganar una de las 5 tarjetas de regalo de Walmart de \$1000 o una de las 750 tarjetas de regalo de Walmart de \$100.

<http://www.survey.walmart.com>

No purchase necessary. Must be 18 or older and a legal resident of the 50 US, DC, or PR to enter. To enter without purchase and for official rules, visit

RENT CAFÉ

1800 531 5000

Watermarke is pleased to announce the launch of our new web-based software for our residents. This website will allow you to:

- Confirm emails and phone numbers to insure quality communication
- View your billing, pay online, check the status of your payments and review your payment history
- Submit online maintenance requests

You can create your user account by visiting the link below. Once you are on the resident portal screen, select the link "Click Here To Register".

Resident Portal Link:

<http://www.rentcafe.com/residentservices/watermarke-apartments/userlogin.aspx>

56-808 40 15318352 Jun 8

You will need the following information to complete your account activation:

Resident/Roommate:	Registration Code:	Email Address on File:
Brian Clyde	T0039371	briandclay@
		gmail.com

If the email address listed above is incorrect for current resident/roommate or it is blank, please stop by the office, call us at (817) 294-9606, or email your name, current email address, and apartment number to watermarke@comcapp.com to update your information before attempting to register for resident access.

If you are always on the go, consider downloading the *Rent Café* resident app from the App Store (not currently available for Android) so you will have all of these conveniences in the palm of your hand!

AT&T

Passcode

A

Security
question

- EZ\$ pizza

-Username at&T

Thank you,

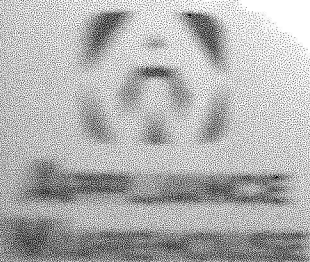
Watermarke Apartments
5301 Overton Ridge Blvd.
Fort Worth, TX 76132
watermarke@comcapp.com

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A black and white photograph of a woman running through a sea of laundry. She is wearing a tank top and shorts, looking back over her shoulder with a determined expression. The laundry is piled high around her, creating a sense of being overwhelmed.

Don't Let Laundry Overwhelm You

Laundry doesn't have to be a nightmare. Appliances Warehouse offers energy efficient washers and dryers for rent so you can do laundry from the comfort of your own apartment, without ever leaving the ground without climbing stairs, finding quarters or carrying baskets.



1-800-850-8500

www.applianceswarehouse.com



Inventory and Condition Form

Resident's Name: Brian Clyde Home #: () Work #: ()
Resident's Name: Home #: () Work #: ()
Resident's Name: Home #: () Work #: ()
Resident's Name: Home #: () Work #: ()
Resident's Name: Home #: () Work #: ()
Resident's Name: Home #: () Work #: ()

Apartment Community Name: ComCapp LLC, Watermarke

or Street Address (if house, duplex, etc.): Apt. # 505

Within 48 hours after move-in, you must note on this form all defects, damage, or safety or pest-related concerns and return it to our representative. Otherwise, everything will be considered to be in a clean, safe, and good working condition. Please mark through items listed below or put "none" if the items don't exist. This form protects both you (the resident) and us (the owner). We'll use it in determining what should and should not be considered your responsibility upon move-out. You are entitled to a copy of this form after it is filled out and signed by you and us.

☒ Move-In or ☐ Move-Out Condition (Check one)

Living Room

Walls good

Wallpaper ☒

Plugs, switches, A/C vents ☒

Woodwork/baseboards ☒

Ceiling ☒

Light fixtures, bulbs ☒

Floor/carpet ☒

Doors, stops, locks ☒

Windows, latches, screens ☒

Window coverings ☒

Closets, rods, shelves ☒

Closet lights, fixtures ☒

Water stains or mold on walls, ceilings or baseboards ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

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Other ☒

Other ☒

Dining Room

Walls ☒

Wallpaper ☒

Plugs, switches, A/C vents ☒

Woodwork/baseboards ☒

Ceiling ☒

Light fixtures, bulbs ☒

Floor/carpet ☒

Doors, stops, locks ☒

Windows, latches, screens ☒

Window coverings ☒

Closets, rods, shelves ☒

Closet lights, fixtures ☒

Water stains or mold on walls, ceilings or baseboards ☒

Other ☒

Other ☒

Other ☒

Other ☒

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General Items

Thermostat ☒

Cable TV or master antenna none

A/C filter ☒

Washer/dryer none

Garage door none

Ceiling fans ☒

Exterior doors, screens/screen doors, doorbell none

Fireplace none

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Exterior (if applicable)

Patio/yard ☒

Fences/gates ☒

Faucets ☒

Balconies ☒

Other ☒

Bedroom (describe which one):

Walls ☒

Wallpaper ☒

Plugs, switches, A/C vents ☒

Woodwork/baseboards ☒

Ceiling ☒

Light fixtures, bulbs ☒

Floor/carpet ☒

Doors, stops, locks ☒

Windows, latches, screens ☒

Window coverings ☒

Closets, rods, shelves ☒

Closet lights, fixtures ☒

Water stains or mold on walls, ceilings or baseboards none

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Other ☒

Item (describe which one):
Walls ☒
Wallpaper ☒
Plugs, switches, A/C vents ☒
Woodwork/baseboards ☒
Ceiling ☒
Light fixtures, bulbs ☒
Floor/carpet ☒
Doors, stops, locks ☒
Windows, latches, screens ☒
Window coverings ☒
Closets, rods, shelves ☒
Closet lights, fixtures ☒
Water stains or mold on walls, ceilings or baseboards none
Other _____

Bath (describe which one):
Walls ☒
Wallpaper ☒
Plugs, switches, A/C vents ☒
Woodwork/baseboards ☒
Ceiling ☒
Light fixtures, bulbs ☒
Exhaust fan/heater ☒
Floor/carpet ☒
Doors, stops, locks ☒
Windows, latches, screens none
Window coverings none
Sink, faucet, handles, stopper none ☒
Countertops ☒
Mirror ☒
Cabinets, drawers, handles ☒
Toilet, paper holder ☒
Bathtub, enclosure, stopper ☒
Shower, doors, rods ☒
Tile none
Plumbing leaks, water stains or mold on walls, ceilings or baseboards none
Other _____

Half Bath NA
Walls ☒
Wallpaper ☒
Plugs, switches, A/C vents ☒
Woodwork/baseboards ☒
Ceiling ☒
Light fixtures, bulbs ☒
Exhaust fan/heater ☒
Floor/carpet ☒
Doors, stops, locks ☒
Windows, latches, screens ☒
Window coverings ☒
Sink, faucet, handles, stopper ☒
Countertops ☒
Mirror ☒
Cabinets, drawers, handles ☒
Toilet, paper holder ☒
Bathtub, enclosure, stopper ☒
Shower, doors, rods ☒
Tile ☒
Plumbing leaks, water stains or mold on walls, ceilings or baseboards ☒
Other _____

Bedroom (describe which one): NA
Walls ☒
Wallpaper ☒
Plugs, switches, A/C vents ☒
Woodwork/baseboards ☒
Ceiling ☒
Light fixtures, bulbs ☒
Floor/carpet ☒
Doors, stops, locks ☒
Windows, latches, screens ☒
Window coverings ☒
Closets, rods, shelves ☒
Closet lights, fixtures ☒
Water stains or mold on walls, ceilings or baseboards ☒
Other _____

Bath (describe which one): NA
Walls ☒
Wallpaper ☒
Plugs, switches, A/C vents ☒
Woodwork/baseboards ☒
Ceiling ☒
Light fixtures, bulbs ☒
Exhaust fan/heater ☒
Floor/carpet ☒
Doors, stops, locks ☒
Windows, latches, screens ☒
Window coverings ☒
Sink, faucet, handles, stopper ☒
Countertops ☒
Mirror ☒
Cabinets, drawers, handles ☒
Toilet, paper holder ☒
Bathtub, enclosure, stopper ☒
Shower, doors, rods ☒
Tile ☒
Plumbing leaks, water stains or mold on walls, ceilings or baseboards ☒
Other _____

Safety or Pest-Related Items (Put "none" if item does not exist)

Door knob locks ☒
Keyed deadbolt locks ☒
Keyless deadbolts ☒
Keyless locking devices ☒
Sliding door latches none
Sliding door security bars none
Sliding door pin locks none
Doorviewers ☒
Window latches none
Porch and patio lights ☒
Smoke alarms (push button to test) ☒
Other detectors ☒
Alarm system ☒
Fire extinguishers (look at charge level—BUT DON'T TEST!) ☒
Garage door opener none
Gate access card(s) none
Other _____
Pest-related concerns _____

Date of Move-In: _____
or Date of Move-Out: _____

Acknowledgment. You acknowledge that you have inspected and tested all of the safety-related items (if in the dwelling) and that they are working, except as noted above. All items will be assumed to be in good condition unless otherwise noted on this form. You acknowledge receiving written operating instructions on the alarm system and gate access entry systems (if there are any). You acknowledge testing the smoke alarms and any other detector(s) and verify they are operating correctly. You acknowledge that you and our representative have inspected the dwelling and that no signs of bedbugs or other pests are present.

In signing below, you accept this inventory as part of the Lease Contract and agree that it accurately reflects the condition of the premises for purposes of determining any refund due to you when you move out and for bringing to our attention any safety or pest-related concerns.

Resident or Resident's Agent: X Mr Date of Signing: X
Owner or Owner's Representative: _____ Date of Signing: _____

CITY OF FORT WORTH TENANT AND LANDLORD INSPECTION FORM

PROPERTY ADDRESS _____
BUILDING NO. _____ APARTMENT NO. _____ DATE _____

Print - Tenant's Name Performing the Inspection _____ Print - Landlord's Name Performing the Inspection _____

Please list the names of all persons occupying the dwelling unit (other than overnight guests).

The City of Fort Worth Code of Ordinances requires a "Tenant and Landlord Inspection" of each dwelling in a multifamily dwelling complex. The inspection of a dwelling unit shall be conducted by the landlord and the unit's tenant.

- 1) a minimum of once a year; and
- 2) when the occupancy of the dwelling changes.

THE TENANT MUST ANSWER THE FOLLOWING QUESTIONS BY CIRCLED EITHER YES OR NO.

- ☒ YES - NO Has the Landlord installed a smoke detector in this residence?
☒ YES - NO Did you check to make sure the smoke detector works?
☒ YES - NO If battery operated, do you know the Tenant must replace smoke detector batteries?
☒ YES - NO Do you know a portable barbecue or cooking appliance cannot be used on a balcony, walkway, landing or within ten (10) feet of a combustible building?
☒ YES - NO Do all electrical outlets, switches or lighting fixtures operate properly?
☒ YES - NO Have you seen exposed electrical wiring inside or outside the residence?
☒ YES - NO Have you noticed sewage leaking from inside or outside of the residence?
☒ YES - NO Have you noticed water leaking from inside or outside of the residence?
☒ YES - NO Are any of the drains clogged?
☒ YES - NO Have you noticed the odor of gas inside or outside of the residence?
☒ YES - NO Where evidence of infestation exists, has the dwelling been exterminated within the last 30 days?
☒ YES - NO Is there broken glass in the window or door frames?
☒ YES - NO Do the windows and doors lock properly?
☒ YES - NO Is there a door viewer (peephole) installed in each exterior door?
☒ YES - NO Is there a keyless bolting device on exterior doors that doesn't require special knowledge or tools to open?
☒ YES - NO If a sliding door is present, is it equipped with a pin lock?
☒ YES - NO Is the building marked with contrasting property address numbers?
☒ YES - NO Is the dwelling unit number marked at the entrance to the unit?
☒ YES - NO Has the Landlord advised the tenant the appropriate way to report problems to the Landlord?
☒ YES - NO In case of an emergency, does the tenant have an evacuation plan?
☒ YES - NO Where is your meeting place? Common Room
☒ YES - NO Has the Landlord provided the tenant with a copy of the Fort Worth Rental Handbook?

If the Tenant disagrees with any notation made by the Landlord, the Landlord shall permit the Tenant to make comments on the space below prior to signing it.

The Tenant has been advised to contact the following named property employee, _____
at telephone number _____ where this employee can be contacted during any twenty-four period, to respond to emergencies such as a fire, natural disaster, flood, collapse hazard, burst pipes or violent crime.

The Tenant has been advised: TO REPORT UNRESOLVED VIOLATIONS OF CITY CODE MAINTENANCE STANDARDS FOR THESE PREMISES, CONTACT THE CODE COMPLIANCE DEPARTMENT AT 817-392-1234.

We the Tenant and Landlord confirm, the above inspection report reasonably depicts the general condition of apartment number _____ on the _____ day of _____ 20____. The Landlord must provide a copy of this signed form to the tenant. The Landlord must maintain this form for a minimum of three (3) years, and make it available for examination by the Code Compliance Department.

Tenant's Signature _____ Landlord's Signature _____

Thermostat ☒
Cable TV or master antenna None
A/C filter ☒
Washer/dryer None
Garage door None
Ceiling fans ☒
Exterior doors, screens/teens doors, doorbell None
Fireplace None
Other _____

Floor/carpets ☒
Doors, steps, locks ☒
Windows, latches, screens ☒
Window coverings ☒
Closets, rods, shelves ☒
Closet lights, fixtures ☒
Water stains or mold on walls, ceilings or baseboards None
Other _____

GATE ENTRY INSTRUCTIONS

FOUR-DIGIT CODE

You have been issued a four-digit code which can be entered into the telephone entry box. The code issued to you will allow access to the community 24/7. It is very important that you let us know if your number changes or if it doesn't match the one we have on file for you. ***Please call/email to confirm***

TELEPHONE ENTRY

The system uses your existing telephone to let you talk to visitors and allow them access to the community once you authorize it. At the telephone inquiry box, a visitor is instructed to find your special "Directory Code" on the systems directory listing and is instructed to enter the code into the keypad. The system then dials your telephone number, which is been programmed into the system's memory. The visitor never sees the actual phone number.

Upon answering the telephone, you will be in a normal conversation with the visitor. The call has a limited amount of time, and after that period, the system will automatically end the call to ensure that the system is available for other telephone calls. Starting 10 seconds prior to the end of the call you will receive a short tone each second to signal that the call is about to end. Once you answer the call you may take one of two actions...

**Dial a "9" to open the gate or dial a "*" to hang up
without granting entry.**

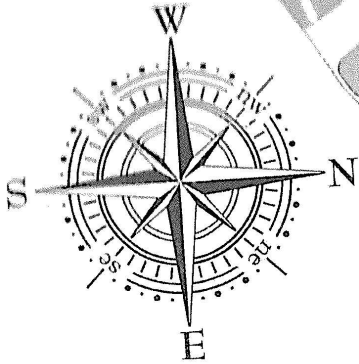
If you're on the telephone when a visitor tries to call, they will receive a busy signal unless you have call waiting. If you have call waiting, switch over to the call from the visitor, take whatever action you desire, and then go back to your original call.

PLEASE SHARE THESE HELPFUL TIPS WITH YOUR VISITORS

UNIT #: 505
GATE CODE: # 0505

WM
WATERMARKE
5301 Overton Ridge Blvd, Fort Worth, TX 76132

#505



5301 OVERTON RIDGE BLVD.
FORT WORTH, TEXAS 76132

PHONE 817-294-9606
FAX 817-356-7521

WATERMARKE PARKING POLICY

505

UNIT #: _____

It is agreed and understood that the vehicle(s) information that was provided to us belong to the resident(s) of the apartment number listed above. Only residents on the lease may obtain a parking permit. Motorcycles must be listed and are included in the policy as well (must show proof of ownership). All vehicles parked on premises must have insurance. Proof of insurance is required at time of obtaining permit and insured must be on apartment lease.

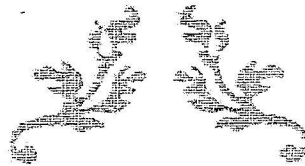
Please come to the office to receive your parking permit. **PERMANENTLY STICK** the permit to the lower front windshield where it is visible at all times. It is the resident's responsibility to obtain a new parking permit if there is a change in the above-mentioned vehicles during your residency at Watermarke. If a resident is unable to come in during office hours, they must park the un-permitted vehicle in the designated **VISITOR PARKING** areas, or it will be towed at owner's expense. The same would pertain to borrowed or rental vehicles.

It is the responsibility of the resident to inform their guests of the parking policy. Any vehicle parked without a Parking Permit will be towed at Owner's Expense. Please make sure your guests park in the designated **VISITOR PARKING** areas.

ANY VEHICLE WILL BE TOWED AT OWNER'S EXPENSE UNDER THE FOLLOWING CIRCUMSTANCES:

1) NO PARKING PERMIT; 2) PARKING IN THE FIRE LANES OR IN FRONT OF A DUMPSTER; 3) BLOCKING OTHER VEHICLES; 4) TAKING UP MORE THAN ONE PARKING PLACE; 5) PARKING IN A HANDICAPPED PARKING PLACE WITHOUT VISIBLE HANDICAP DECAL OR LICENSE PLATE; 6) PARKING ON THE CURB OR IN THE GRASS; 7) HAVING A VEHICLE THAT IS NOT RUNNING, HAS A FLAT TIRE, HAS EXPIRED PERMITS, OR IS CURRENTLY BEING REPAIRED ON PROPERTY; 8) PARKED IN A LOADING ZONE.

Residents that purchase a new/different car should remove the old permit and return it for a new permit. Management has the right to deny a parking permit to anyone without proof that a new vehicle or windshield has been purchased.



HOME SWEET HOME!

We are happy you chose Watermarke as your new home and we hope you find it to be comfortable and enjoyable! We hope that you will avail yourselves of the amenities that we offer including the swimming pools, fitness center, dog park, and our business center upstairs in the office. If we can be of any assistance to you, please don't hesitate to call or email and let us know.

Attached in this packet will be your...

- Lease Agreement
- Rent Café
- Inventory/City Inspection Form
- Community Policy
- Entry Gate Instructions
- Map
- Keys, Parking Pass, Pool band, etc.



WATERMARKE@COMCAPP.COM

817.294.9606

5301 Overton Ridge Blvd. Fort Worth, TX 76132

Monday-Friday: 9:00AM-6:00PM

SATURDAY: 10AM-5PM

SUNDAY: CLOSED

Helpful Tips!

- Packages- We do not accept them here in the office. Please make special arrangements if you are not home.
- Fitness Center- It is open 24 hours and the code to enter is 1985#.
- Laundry Room- Located between building 8 & 14.
- Mail Center- Located between building 8 & 14 and by building 1.
- Pools- They are located behind front office, building 7, and by building 13.
- Trash & Recycle Bins- They are throughout the property (blue for trash & green for recycle).
- Patio- Since the appearance of the patios and balconies affect the appearance of the community, patios and balconies may not be used for storage of trash, boxes, tires, broken furniture's, etc.
- Pet(s)/Dog Park- Pick up feces after your pet and make sure your pet is always on a lease outside of the dog park. Be mindful of another pet owner & pet(s).
- Pest control- They come out every Monday per request.
- Rent & utilities due dates- Rent is due on the 1st and late on the 4th day of every month. Please communicate if rent can't be paid on time.
- Late fee(s) start date and rate(s)- Late fee(s) starts on the 4th and is \$50 the 1st day and \$10 each day after that until balance is paid in full.
- Rent Café- See Rent Café sheet for registration code. You can pay rent online with debit/credit card, routing/account number, or bring in money order/check into the office. You can also submit work orders online or email/call us as well.
- Renter's Insurance- Please note per your lease agreement that you agreed to maintain Liability Insurance of \$100,000. Make sure "Watermarke Apartments" is listed as an "Interested Party".
- NTV- We required 60-day notice + 85% of your reletting fee if you want to break your lease for any reason. Any concession/discount received will need to be paid back in full if lease terms are not met. If a monthly concession is given and rent & other sums aren't paid in full by the 3rd, concessions will be charged back for the month.
- Concession payback: Any concession/discount received will need to be paid back in full if lease terms are not met. If a monthly concession is given and rent & other sums aren't paid in full by the 3rd, concessions will be charged back for the month.

PEST CONTROL TIPS FOR OUR RESIDENTS

Dear Resident(s):

Prior to Pest Control Treatment

1. Please remove all food, utensils, glasses, dishes and food containers from countertops and floors. Also remove everything from inside the cabinets if you wish them to be treated.
2. Please remove all animals and animal food bowls until at least 30 minutes after the pest control treatment is complete (to give the materials time to dry and time for any odors to dissipate).
3. Because of the possibility of fumes during application, we suggest that no person or animal be in the apartment during the pest control application.

Everyday Tips

Your apartment home can be nearly pest-free by following these commonsense procedures:

1. Do not keep brown paper grocery sacks around since they often contain roach eggs. Roaches can thrive in the dark warm folds of paper sacks.
2. Do not leave food uncovered and out in the open where pests can contaminate it.
3. Do not drop food or crumbs on the floor, and if you do, promptly clean it up. Leaving food around only invites pests to come and dine with you!
4. Sweep and mop your kitchen regularly. Clean up spills immediately.
5. Vacuum the carpets frequently to remove crumbs and other food particles accidentally dropped and immediately dispose of the vacuum bag or clean the vacuum cleaner waste canister.
6. Use the garbage disposal in the sink whenever possible. Do not put wet garbage in the trash.
7. Take the trash to the Dumpster daily (or at least every other day).
8. If you are allowed to have an animal, store animal food in well-sealed containers and be sure to clean water bowls and food bowls at least once a day. Remember that "wet" animal food attracts roaches and other pests much faster than dry animal food. Clean up any spilled pet food.

Bed Bug Dos and Don'ts

1. Do not bring used furniture from unknown sources into your dwelling. Countless bed bug infestations have stemmed directly from the introduction into a resident's unit of second-hand and abandoned furniture. Unless the determination can be made with absolute certainty that a piece of second-hand furniture is bed bug-free, residents should assume that the reason a seemingly nice looking leather couch, for example, is sitting curbside, waiting to be hauled off to the landfill, may very well be due to the fact that it's teeming with bed bugs.
2. Do inspect rental furniture for bed bugs before bringing it into your dwelling. Be sure to check any rented furniture, including mattresses and couches, for the presence of bed bugs before moving it into your dwelling.
3. Do address bed bug sightings immediately. Rental housing residents who suspect the presence of bed bugs in their unit must immediately notify the owner.
4. Do not attempt to treat bed bug infestations. Under no circumstance should you attempt to eradicate bed bugs. Health hazards associated with the misapplication of traditional and non-traditional, chemical-based insecticides and pesticides poses too great a risk to you and your neighbors.
5. Do comply with eradication protocol. If the determination is made that your unit is indeed playing host to bed bugs, you must comply with the bed bug eradication protocol set forth by both your owner and his or her designated pest management company.

If you have a pest control problem in your apartment, please contact the manager. Thank you for your cooperation.

The Management

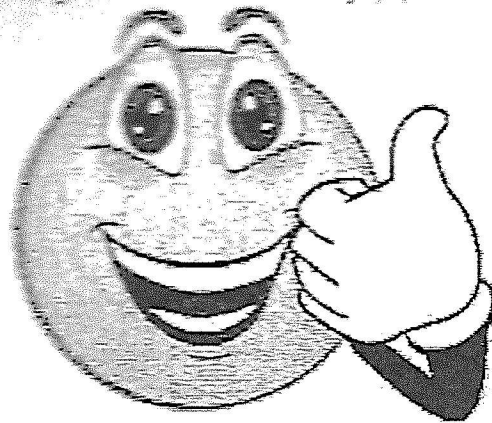
RATE US!

THANK YOU FOR CHOOSING WATERMARKE!

If you are satisfied with everything in your home and the community, I would greatly appreciate it if you can take a few minutes out of your day to write a review online for us! Simply go to Apartmentratings and Google and click "Write a Review" and post your comments for others who are looking for a new home to see.

If you are dissatisfied for any reason, please do not hesitate to contact us by phone or email so that we can discuss any issues you may have personally. We value the trust you have placed in us and desire to build a long-term relationship with you. Any thoughts on what we can do to make this better for you?

I hope you have a great move-in and enjoy your stay here with us!



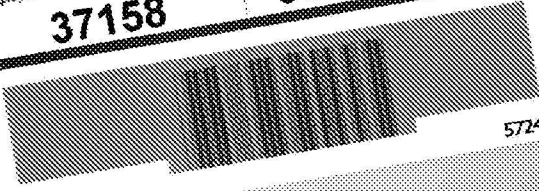




If found, please place in
U.S. Mail box RETURN
POSTAGE GUARANTEED

Parker Hannifin Corp.
220 Roberts Cut Off R.
Fort Worth, Texas 76114

Employee or Other ID No.	Hire Date
37158	05/20/2019



57249

5001 Marina Blvd
Fort Worth TX

76132

1046 332 ex 20
2747

5301 ~ 605

OVERTON RIDGE BLVD

FORT WORTH TX

76132

0196813387



b6
b7C

CARMAX

President's Club

PLEASE



4700 River Ranch Blvd.
Ft. Worth, TX 76132-1821
(817) 361-0029
FAX: (817) 916-7361

email:



Latest Inventory and Prices:
www.carmax.com

THE AUTO SUPERSTORE

b6
b7C

0196813387



b6
b7c

- Most recent paystub
- Proof of residence
- 3 references (name, address, & phone #)
- Add car to policy (from store)

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Direct Deposit Data

**Parker Hannifin Corporation**

6035 Parkland Blvd.
Cleveland, OH 44124
Phone 216-896-3000

DATE
06/07/2019

Shift: 2 Dept: 2L76 Clock #: 37158
BRIAN CLYDE

DIRECT DEPOSIT CONFIRMATION

Employee Name: BRIAN CLYDE				Net Pay \$732.49			
MESSAGE AREA				FEDERAL		STATE	
				Marital Status	Exemptions	State	Marital Status
				S	00	TX	S
YOUR EMPLOYEE SELF-SERVICE				ADDITIONAL FEDERAL TAXES		ADDITIONAL STATE TAXES	
PIN NUMBER IS: [REDACTED]				0		0	
REG HOURLY RATE	OVERTIME RATE	DOUBLETIME RATE	SHIFT PAY	Parker ID # (PID)			
\$20.0000	\$30.00	\$40.00	*See ESS	000554254			
EMPLOYEE NUMBER	Tax ID	SHIFT	DEPARTMENT	BEGINNING DATE	ENDING DATE	CHECK DATE	CHECK NUMBER
37158	[REDACTED]	2	2L76	05/27/2019	06/02/2019	06/07/2019	D0234396

EARNINGS, TAXES AND DEDUCTIONS

Description	Hours	Amount	Year-To-Date	Description	Amount	Year-To-Date
REG PAY	32.00	\$640.00				
HOLIDAY	8.00	\$160.00				
OT	1.40	\$42.00				
SHIFT	41.40	\$63.15				
GROSS PAY		\$905.15	\$1,569.50			
FLEX BENEFIT:						
TOT. NET FLEX						
EARNINGS		\$905.15	\$1,569.50			
FED INC TAX		\$103.41	\$170.63			
FICA		\$56.12	\$97.31			
MEDICARE		\$13.13	\$22.76			
TOTAL TAXES		\$172.66				

Parker Hannifin Corporation**Net Pay****\$732.49**

b6
b7C

b7E

6/13/2019

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Direct Deposit Data

**Parker Hannifin Corporation**

6035 Parkland Blvd.

Cleveland, OH 44124

Phone 216-896-3000

DATE

05/31/2019

Shift: 2 Dept: 2L76 Clock #: 37158

BRIAN CLYDE

DIRECT DEPOSIT CONFIRMATION

Employee Name: BRIAN CLYDE				Net Pay \$546.31			
MESSAGE AREA				FEDERAL		STATE	
				Marital Status	Exemptions	State	Marital Status
				S	00	TX	S
				ADDITIONAL FEDERAL TAXES		ADDITIONAL STATE TAXES	
YOUR EMPLOYEE SELF-SERVICE				0		0	
PIN NUMBER IS				Parker ID # (PID)			
				000554254			
REG HOURLY RATE	OVERTIME RATE	DOUBLETIME RATE	SHIFT PAY				
\$20.0000	\$30.00	\$40.00	*See ESS				
EMPLOYEE NUMBER	Tax ID	SHIFT	DEPARTMENT	BEGINNING DATE	ENDING DATE	CHECK DATE	CHECK NUMBER
37158		2	2L76	05/20/2019	05/26/2019	05/31/2019	D0234109

EARNINGS, TAXES AND DEDUCTIONS

Description	Hours	Amount	Year-To-Date	Description	Amount	Year-To-Date
REG PAY	30.90	\$618.00				
SHIFT	30.90	\$46.35				
GROSS PAY		\$664.35	\$664.35			
FLEX BENEFIT:						
TOT. NET FLEX						
EARNINGS		\$664.35	\$664.35			
FED INC TAX		\$67.22	\$67.22			
FICA		\$41.19	\$41.19			
MEDICARE		\$9.63	\$9.63			
TOTAL TAXES		\$118.04				

Parker Hannifin Corporation**Net Pay****\$546.31**b6
b7C

6/13/2019

b7E

APPRAISAL OFFER

CARmax

Name: BRIAN
Address: 5001 MARINA CLUB BLVD 505
FORT WORTH TX 76132
Vehicle: 2003 NISSAN ALTIMA 4D SEDAN S
Mileage: 193,440 **Engine:** 2.5L
VIN: 1N4AL11DX3C322219
Color: GOLD

Contact:

7181 - HULEN MALL, TX

Date:

06/10/2019

b6
b7C

Features considered

POWER LOCKS	POWER WINDOWS
SUNROOF(S)	AM/FM STEREO
CD AUDIO	BOSE SOUND SYSTEM
AIR CONDITIONING	REAR DEFROSTER
CRUISE CONTROL	CLOTH SEATS
POWER SEAT(S)	POWER MIRRORS
REAR SPOILER	
AUTOMATIC TRANSMISSION	

Conditions assessed

93954

Front Seats:	Ripped	Dash/Console:	Need to Replace
Engine:	Runs / properly	Wheels:	Need Repair
Driver Fender:	Prior Paintwork	Hood:	Needs Paintwork
Pass Front Door:	Ding(s)	Driver Rear Door:	Needs Paintwork
Pass Rear Door:	Ding(s)	Driver Quarter:	Needs Repair
Rear Bumper:	Needs Repair	Dash:	Engine Light On
Rear Seats:	Good Condition	Carpet:	Good Condition
Transmission:	Good Condition	Front Tires:	Good Condition
Rear Tires:	Good Condition		

Appraisal offer **\$300**

This offer is valid until the close of business on 6/17/19.

If you purchase a CarMax vehicle while selling us your vehicle,
you could be eligible for tax savings up to \$19.00

This offer is good for 7 days and will be honored at all CarMax stores.

After 7 days, your vehicle will need to be reappraised and the **offer may change**.

Comments

THANKS FOR HAVING YOUR VEHICLE APPRAISED

ROXI V.

- CarMax Certified Appraiser

We've appraised more than 25 million vehicles. If you have questions about how we determined your offer - just ask!

SELL US YOUR CAR

AND WALK
AWAY WITH PAYMENT IN HAND

When you sell to CarMax, you can avoid
the hassles of selling your car yourself:

- Costly advertising
- The uncertainties of an unknown buyer
- Inspections, negotiations, and payment

We'll buy your car even if you don't buy ours!®

TO
SELL US YOUR VEHICLE

- Title (if it is not with a lienholder)
- Valid registration
- Valid state-issued photo ID for all titleholders
- All keys and remotes (if applicable)

See other side for important details

we want to buy YOUR CAR TODAY

We make it quick and easy:

- Review the sale, collect your belongings, and walk away with payment in hand!
- We'll process your lien payoff, if applicable.
- Your offer is good for 7 days.

IMPORTANT TRANSACTION

We issue a bank draft for your vehicle. The bank draft is issued to the person named on the title, and must be deposited into an account – it cannot be cashed. Banks typically place a hold on bank drafts of up to 10 banking days or until title is confirmed.

The title must be provided at the time of sale. If a previously paid-off lien is listed on the title, you will need both the title and lien release from the lienholder before CarMax can purchase your car.

All titleholders should be present to sell the vehicle. Please see a Business Office Associate if all titleholders cannot be present or if you are selling a vehicle on behalf of a company. In some cases, a Power of Attorney can be accepted, allowing someone else to sign on the absent titleholder's behalf.

If there is a lien on the vehicle, we'll contact your lienholder during business hours to get a 15-day payoff. We'll need:

- Lienholder name and phone number
- Name(s) on account
- Account holder's account and Social Security numbers

If you have negative equity or other outstanding financial obligations, the amount should be paid in the form of a Cashier's Check, certified funds, or cash*, unless it can be included in the amount you are financing to purchase another vehicle from CarMax. CarMax accepts personal checks if the amount is less than \$250.

**CarMax Car Buying Centers cannot accept cash.*

If the vehicle you want to sell is leased, confirmation of the payoff amount is required before we can purchase your vehicle. Some leasing companies will not allow you to sell before the lease expires.

If you do not have all original keys and remotes, we may reappraise the vehicle to account for the additional cost because keys and remotes can be expensive to replace.

CarMax will inspect and verify the identity of every vehicle it purchases. We reference every Vehicle Identification Number (VIN) against third-party lien and stolen vehicle databases. In some instances, we extract the electronic VIN to validate the visible VIN. CarMax reports all stolen vehicles to the appropriate authorities and may pursue its legal remedies against any person that intentionally sells CarMax a stolen, cloned, altered, or undisclosed lien vehicle.

ADDITIONAL

- Your Appraisal Offer includes any equipment installed on, or part of, the vehicle (e.g., stereos, TV/DVD, navigation components, seats, headrests, etc.). If you remove any of that equipment, the offer could be voided.
- CarMax reserves the right to revise or cancel the Appraisal Offer if the vehicle is not in the same condition as it was at the time of the offer (i.e., damaged, reported stolen, undisclosed title conditions, etc.).
- The offer is exclusively for the purpose of selling your car to CarMax.
- Customer vehicles left at CarMax will be, without notice, towed and stored at the owner's expense.

If you have any questions about selling your car to CarMax, please contact the store.



ACADEMY @ CITY VIEW 817-361-1240

06/16/19 17:33
412864 SALE 1234 0074 204

AE 5.56X45 Nato 55 / 26078394
1 @ 1 for 149.99 MDS 149.99
SUBTOTAL 149.99
8.25% SALES TAX 12.37
TOTAL USD\$ 162.36

MID: 328020074998

TID: 08142281

RRN: 047544

Verified by PIN

US Debit 162.36

XXXXXXXXXXXX4457

Chip Read

EFT Debit Payment from Primary

Sequence #7544

BRIAN I CLYDE AUTH 082437

Mode: Issuer

AID: A0000000980840

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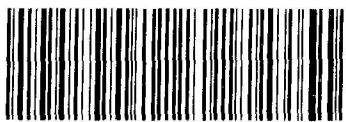
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NO PURCHASE NECESSARY. Odds depend on entries received. Enter by month-end. For complete details and official rules, see www.academy.com/officialrules.

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INSTALLATION CLEARANCE RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G-1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Section 301, Title 5, USC.
PRINCIPAL PURPOSE: To ensure Soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.
ROUTINE USES: To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the Soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and DoD sponsored agencies.
DISCLOSURE: Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.

INSTRUCTIONS TO THE SOLDIER: This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. It is your responsibility to complete this checklist properly. If you are separating or retiring from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving 55 percent of your final pay pending verification by DFAS of any outstanding debts. Activities marked with an @ require clearance for all Soldiers separating or retiring from the Active Army, including AGR personnel. Activities marked with an asterisk (*) require clearance for Soldiers departing on PCS. Activities not marked will be cleared per installation instructions. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed. Provide any additional information in Remarks, block 16.

SECTION A - PERSONNEL DATA (To be completed by the commander, S1, processing control station, or appointed official)

1. NAME CLYDE, BRIAN ISAACK	2. RANK PFC	3. ORDERS NO. 041-0636
4. GAINING UNIT USATC	5. LOSING UNIT 3-187TH B CO	6. DATE OF ORDERS (YYYYMMDD) 2017/02/13
7. REASON FOR CLEARING ☐ PCS ☐ ETS ☐ RETIREMENT ☒ OTHER (Specify) PUNITIVE DISCHARGE		8. DEPARTURE DATE (YYYYMMDD) 2017/02/17

SECTION B - INSTALLATION STANDARD CLEARANCES

(All signatures are required prior to reporting to the processing control station (section d) for final clearance. Not having these required signatures will cause a delay in your final clearance.)

9.	10.	11.	12.	13.
INSTALLATION ACTIVITY	YES	DEBT AMOUNT	NO	NAME (Last, First, Middle)
a. MEDICAL FACILITY @	☐		☒	LHC Medical Records
b. DENTAL FACILITY @	☐		☒	
c. TRANSPORTATION OFFICE @	☐	ITO - PE		
d. CENTRAL ISSUE FACILITY @*	☐			
e. EDUCATION CENTER @*	☐			
f. ARMY EMERGENCY RELIEF @* 202	☐	AER \$	☒	FEB 13 2011
g. POST EXCHANGE @*	☐		☒	PX CLEARED
h. HOUSING OFFICE @*	☐		☒	N/A
i. ARMY COMMUNITY SERVICES CENTER @* 119	☐		☒	
j. RESERVE COMPONENT CAREER COUNSELOR	☐		☒	
k. SCHOOL LIAISON OFFICER @*	☐		☒	MCQUINTER, TERRI

SECTION B - INSTALLATION STANDARD CLEARANCES (Continued)

9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. NAME (Last, First, Middle)	14. TELEPHONE NO.	15. SIGNATURE
l. ADULT BEHAVIORAL HEALTH (ABH) @*	☐		☒	[Redacted] LPC	[Redacted]	[Redacted]
m. ARMY SUBSTANCE ABUSE PROGRAM (ASAP) @*	☐		☒	Deparm/4		[Redacted]
n. COMCAST @*	☐		☒	N/A		[Redacted]
o. DD FORM 93, SGLV UPDATED AND FILED IN IPERMS (UNIT S-1) @*	☐		☒	[Redacted]		[Redacted]
p. DEFENSE TRAVEL SYSTEM (DTS) @*	☐		☒	[Redacted]		[Redacted]
q. ESAT SPONSORSHIP TRAINING @*	☐		☒	N/A		[Redacted]
r. EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) @*	☐		☒	N/A		[Redacted]
s. FIRST SERGEANTS BARRACKS PROGRAM @*	☐		☒	SSG [Redacted]		[Redacted]
t. FORTERA CREDIT UNION (FORMERLY FORT CAMPBELL CREDIT UNION) @*	☐		☒	N/A		[Redacted]
u. GOVERNMENT PURCHASE CARD @*	☐		☒	First Sergeants Barracks Program [Redacted]		[Redacted]
v. GOVERNMENT TRAVEL CARD/DEFENSE CIVILIAN PERSONNEL DATA SYSTEM (DCPDS) @*	☐		☒	[Redacted]		[Redacted]
w. LIBRARY @*	☐	/	☒	[Redacted]		[Redacted]
x. MORALE/WELFARE/RECREATION FUND MANAGER/ CHILD AND YOUTH SERVICES @*	☐		☒	MWR		[Redacted]
y. PDHRA (POST DEPLOYMENT HEALTH REASSESSMENT) @*	☐	SRP Site	☒	Post-Deployment SRP Done		[Redacted]
z. SEPARATION HISTORY AND PHYSICAL EXAMINATION (SHPE) @*	☐	Ft Campbell KY	☒	PHYSICAL EXAMS		[Redacted]

16. REMARKS:

OUT-PROCESSING REMARKS: EMAILED 13 FEB 2017- CCG

SECTION C - MILITARY PAY PROCESSING

17. MILITARY PAY CLEARANCES		18. MILITARY PAY CLEARANCES	
a. DEFENSE MILITARY PAY OFFICE	b. NAME (Last, First, Middle)	c. TELEPHONE NO.	d. SIGNATURE
(1) Travel Pay Processing @*	[Redacted]	[Redacted]	[Redacted]
(2) Separation Pay Processing @			
(3) Debt Processing @			

Cleared Financial
INSTALLATION
FINANCE

SECTION D - PROCESSING

18a. Does the Soldier have a signed, authenticated, and dated Service Member Deployment History Out-processing Verification form? @* YES ☐ NO ☐	b. NAME (Last, First, Middle)	c. TELEPHONE NO.	d. SIGNATURE	e. DATE (YYYYMMDD)
19a. Has the Soldier completed out-processing? @* YES ☐ NO ☒	b. NAME (Last, First, Middle)	c. TELEPHONE NO.	[Redacted]	FEB 15 2017

ABH
ASAP

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SECTION B – INSTALLATION STANDARD CLEARANCES (Continued)

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SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS

PROPERTY ACCOUNTABILITY

☐ STATEMENT OF CHARGES/ CASH COLLECTION VOUCHER

☐ REPORT OF SURVEY

11b. DATE OF SOURCE DOCUMENT (YYYYMMDD)

11c. AMOUNT

11d. DISPOSITION

12a. PAY ITEMS (Check all that apply)

☐ BAS ☐ BAH ☐ COLA ☐ OHA ☐ FSA ☐ IDP ☐ HPD ☐ SDAP

☐ OTHER (Specify)

12b. INCENTIVE PAY (Specify Type)

12c. BONUS

☐ ENLISTMENT

☐ REENLISTMENT

SECTION E - BATTALION/UNIT CLEARANCE ITEMS. A check by an item confirms that the item has been verified and that necessary action has been taken.

13. BATTALION/UNIT COMMANDER VERIFYING OFFICIAL

a. NAME

b. SIGNATURE

c. DATE (YYYYMMDD)

Form 31 (Request & Authority for Leave)
Form 714 (Meal Card Control Book)
Form 2173 (Line of Duty Investigation)
Form 67-102100-8 (Evaluation Report)

Form 5305 (Family)
Form 2848/DD Form 2848-1
Survey/DD Form 2868
Form 286 (Tag)
Forms 6800/6801 (Body Composition Program)

PO Duty Position
Form 6 (Duty Roster)
Profile
Form 647-1 (Personnel Register)
Form 3985 (Change of Address)

SIGARE Dental Program
Exceptional Family Member Program
DPAAS Update
Form 63/SGLV Update
oD Travel Charge Card

14. BATTALION/UNIT COMMANDER VERIFYING OFFICIAL

b. SIGNATURE

c. DATE (YYYYMMDD)

Security Clearance
Weapons Qualification
Training Room

APFT
Training Records
PERSTEMPO Verification Sheet

Security Clearance
Antiterrorism Briefing

15. BATTALION/UNIT COMMANDER VERIFYING OFFICIAL

b. SIGNATURE

c. DATE (YYYYMMDD)

Supply Room
Arms Room

NBC Room
Protective Clothing

Motor Pool

16. BATTALION/UNIT COMMANDER VERIFYING OFFICIAL

b. SIGNATURE

d. DATE (YYYYMMDD)

OTHER

17. REMARKS

18. SOLDIER'S AUTHENTICATION

a. NAME (Last, First, Middle)

b. SIGNATURE

c. DATE (YYYYMMDD)

Clyde Brian Isaac

19. COMMANDER/MSG AUTHENTICATING OFFICIAL

a. NAME (Last, First, Middle)

b. SIGNATURE

c. DATE (YYYYMMDD)

DA

Complete before seeing st

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**ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 3331; 10 U.S.C. 113, 136, 502, 504, 505, 506, 507, 508, 509, 510, 513, 515, 516, 518, 519, 972, 978, 2107, 2107a, 3253, 3258, 3262, 5540, 8252, 8253, 8257, 8258, 12102, 12103, 12104, 12105, 12106, 12107, 12108, 12301, 12302, 12304, 12305, 12405; 14 USC 351, 632; 32 U.S.C. 301, 302, 303, 304; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)

CLYDE
BRIAN ISAACK

2. SOCIAL SECURITY NUMBER

[REDACTED]

3. HOME OF RECORD (Street, City, County, State, Country, ZIP Code)

8801 N FM 620 APT 1436, AUSTIN,
(TRAVIS), TX, US, 78726-3527

4. PLACE OF ENLISTMENT/REENLISTMENT (Mil. Installation, City, State)

C48
FORT SAM HOUSTON, TX 78234-5102

**5. DATE OF ENLISTMENT/
REENLISTMENT** (YYYYMMDD)
20141112

6. DATE OF BIRTH (YYYYMMDD)
19960930

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 RESERVE
this date for 8 years and 0 weeks beginning in pay grade E-1 of which
3 years and 16 weeks is considered an Active Duty Obligation, and 4 years and
36 weeks will be served in the Reserve Component of the Service in which I have enlisted. If this is an initial
enlistment, I must serve a total of eight (8) years, unless I am sooner discharged or otherwise extended by the appropriate
authority. This eight year service requirement is called the Military Service Obligation. The additional details of my enlistment/
reenlistment are in Section C and Annex(es) (list name of Annex(es) and describe)

A

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

I understand that I am joining the DEP. I understand that by joining the DEP I am enlisting in the Ready Reserve component of the
United States (list branch of service) ARMY 0500 for a period not to exceed
365 days, unless this period of time is otherwise extended by the Secretary concerned. While in the DEP, I understand that I am in
a nonpay status and that I am not entitled to any benefits or privileges as a member of the Ready Reserve, to include, but not
limited to medical care, liability insurance, death benefits, education benefits, or disability retired pay if I incur a physical disability. I
understand that the period of time while I am in the DEP is NOT creditable for pay purposes upon entry into a pay status. However,
I also understand that the period of time while I am in the DEP is counted toward fulfillment of my military service obligation
described in paragraph 10, below. While in the DEP, I understand that I must maintain my current qualifications and keep my
recruiter informed of any changes in my physical or dependency status, qualifications, and mailing address. I understand that I
WILL be ordered to active duty unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) 20150810
for enlistment in the Regular component of the United States (list branch of service) ARMY
for not less than 3 years and 16 weeks.

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) Biometrically Signed

(Continued on Page 2)





NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) CLYDE BRIAN ISAACK	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE [REDACTED]
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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, including the partial statement of existing United States laws in Section C and how they may affect this agreement. Any questions I had were explained to my satisfaction. I fully understand that only those agreements in Section B and Section C of this document or recorded on the attached annex(es) will be honored. I also understand that any other promises or guarantees made to me by anyone that are not set forth in Section B or the attached annex(es) are not effective and will not be honored.

b. SIGNATURE OF ENLISTEE/REENLISTEE

Biometrically Signed

c. DATE SIGNED (YYYYMMDD)

20141112 12:52:21

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) ARMY

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.

b. NAME (Last, First, Middle)

c. PAY GRADE

E-7

d. UNIT/COMMAND NAME

U.S. ARMY

e. SIGNATURE

Biometrically Signed

f. DATE SIGNED (YYYYMMDD)

20141112 12:52:21

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

SAN ANTONIO

TX 78216-3629

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

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

I, BRIAN ISAACK CLYDE, 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, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of 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 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 day of in the National Guard and as a Reserve of the United States (list branch of service) with membership in the National Guard of the United States for a period of years, months, days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE OF ENLISTEE/REENLISTEE

Biometrically Signed

b. DATE SIGNED (YYYYMMDD)

20141112 14:24:36

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

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

(Signature of Enlistee/Reenlistee)

c. PAY GRADE

O-3

d. UNIT/COMMAND NAME

SAN ANTONIO MEPS

e. SIGNATURE

Biometrically Signed

f. DATE SIGNED (YYYYMMDD)

20141112 14:24:36

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

SAN ANTONIO

TX 78218-1550

(Initials of Enlistee/Reenlistee) Biometrically Signed

DD FORM 42, OCT 2007

PREVIOUS EDITION IS OBSOLETE



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C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES:

I understand that many laws, regulations, and military customs will govern my conduct and require me to do things under this agreement that a civilian does not have to do. I also understand that various laws, some of which are listed in this agreement, directly affect this enlistment/reenlistment agreement. Some examples of how existing laws may affect this agreement are explained in paragraphs 10 and 11. I understand that I cannot change these laws but that Congress may change these laws, or pass new laws, at any time that may affect this agreement, and that I will be subject to those laws and any changes they make to this agreement. I further understand that:

a. My enlistment/reenlistment agreement is more than an employment agreement. It effects a change in status from civilian to military member of the Armed Forces. 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.

10. MILITARY SERVICE OBLIGATION, SERVICE ON ACTIVE DUTY AND STOP-LOSS 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, unless I am sooner discharged or otherwise extended by the appropriate authority. This eight year service requirement is called the Military Service Obligation. Any part of that service not served on active duty must be served in the Reserve Component of the service in which I have enlisted. If this is a reenlistment, I must serve the number of years specified in this agreement, unless I am sooner discharged or otherwise extended by the appropriate authority. Some laws that affect when I may be ordered to serve on active duty, the length of my service on active duty, and the length of my service in the Reserve Component, even beyond the eight years of my Military Service Obligation, are discussed in the following paragraphs.

b. I understand that I can be ordered to active duty at any time while I am a member of the DEP. In a time of war, my enlistment may be extended without my consent for the duration of the war and for six months after its end (10 U.S.C. 506, 12103(c)).

c. As a member of a Reserve Component of an Armed Force, in time of war or of national emergency declared by the Congress, I may, without my consent, be ordered to serve on active duty, for the entire period of the war or emergency and for six (6) months after its end (10 U.S.C. 12301(a)). My enlistment may be extended during this period without my consent (10 U.S.C. 12103(c)).

d. As a member of the Ready Reserve (to include Delayed Entry Program), in time of national emergency declared by the President, I may, without my consent, be ordered to serve on active duty, and my military service may be extended without my consent, for not more than 24 consecutive months (10 U.S.C. 12302). My enlistment may be extended during this period without my consent (see paragraph 10g).

e. As a member of the Ready Reserve, I may, at any time and without my consent, be ordered to active duty to complete a total of 24 months of active duty, and my enlistment may be extended so I can complete the total of 24 months of active duty, if:

- (1) I am not assigned to, or participating unsatisfactorily in, a unit of the Ready Reserve; and
- (2) I have not met my Reserve obligation; and
- (3) I have not served on active duty for a total of 24 months (10 U.S.C. 12303).

f. As a member of the Selected Reserve or as a member of the Individual Ready Reserve mobilization category, when the President determines that it is necessary to augment the active forces for any operational mission or for certain emergencies, I may, without my consent, be ordered to active duty for not more than 365 days (10 U.S.C. 12304). My enlistment may be extended during this period without my consent (see paragraph 10g).

g. During any period members of a Reserve component are serving on active duty pursuant to an order to active duty under authority of 10 U.S.C. 12301, 12302, or 12304, the President may suspend any provision of law relating to my promotion, retirement, or separation from the Armed Forces if he or his designee determines I am essential to the national security of the United States. Such an action may result in an extension, without my consent, of the length of service specified in this agreement. Such an extension is often called a "stop-loss" extension (10 U.S.C. 12305).

h. I may, without my consent, 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 Reserves, my enlistment may be extended until I perform that additional duty, but not for more than six months (10 U.S.C. 10148).

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: 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: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

(Initials of Enlistee/Reenlistee) Biometrically Signed





NAME OF ENLISTEE/REENLISTEE (Last, First, Middle) CLYDE BRIAN ISAACK	SOCIAL SECURITY NO. OF ENLISTEE/REENLISTEE
---	--

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F. DISCHARGE FROM/DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) ARMY for a period of 3 years and 16 weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) B

which replace(s) Annex(es) A

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE
Biometrically Signed

c. DATE SIGNED (YYYYMMDD)
20150810 10:02:59

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) ARMY in pay grade E-1

e)
f. SIGNATURE
Biometrically Signed

c. PAY GRADE
E-8

d. UNIT/COMMAND NAME
U.S. ARMY

i. DATE SIGNED (YYYYMMDD)
20150810 10:02:59

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
SAN ANTONIO
TX 78216-3629

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H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

i. BRIAN ISAACK CLYDE, 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.

b. SIGNATURE OF ENLISTEE/REENLISTEE
Biometrically Signed

c. DATE SIGNED (YYYYMMDD)
20150810 11:36:04

23. ENLISTMENT OFFICER CERTIFICATION

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

e. SIGNATURE
Biometrically Signed

c. PAY GRADE
O-3

d. UNIT/COMMAND NAME
SAN ANTONIO MEPS

f. DATE SIGNED (YYYYMMDD)
20150810 11:36:04

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)
SAN ANTONIO
TX 78218-1550

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(Initials of Enlistee/Reenlistee) Biometrically Signed



SEPARATION ORDERS INFORMATION SHEET

This information is used to complete your separation order and DD Form 214. The DD Form 214 is a very important document. Consider it a type of Army resume. All fields are mandatory. Provide the best information possible. Failure to provide information will result in no order or DD Form 214 being created/published. Print clearly and legibly. You will be notified when your separation order/DD Form 214 is ready for pickup.

REASON FOR SEPARATION (Please Check One)

ETS _____ Chapter ☒ Retirement _____ Disability w/Severance Pay _____

PERSONAL INFORMATION-

Name: Clyde, Brian SSN:

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Rank: PFC Unit: 3-187 B. CO Email Address: alexclde311@yahoo.com

Unit Phone: 270-798-3915 Cell or Home Phone (to notify of completed order): 512-791-5781

Mailing Address after Separation:

Number/Street 1001 W. Park Blvd Apt 130

City/State/Zip Piano, TX 75075

Name and Mailing Address of Nearest Relative

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Number/Street

City/State/Zip Dallas, TX 75250

Spouse's Full Name (RETIRES ONLY) _____

Do you have dependents? YES _____ NO _____ If YES, how many? _____ SGLI Coverage? YES _____ NO _____ AMOUNT _____

Do you plan to sell accrued leave? YES _____ NO _____ how many days? _____

Do you currently live in On Post Housing? YES _____ NO _____ Are you pending a FLIPL (CIF, TA-50, ETC.)? YES _____ NO _____

AIT/MOS INFORMATION (exact date required)-

MOS 11B TITLE Infantryman

AIT GRADUATION DATE Nov 27 2015 AIT COURSE LENGTH (WEEKS) 14

MOS _____ TITLE _____

AIT GRADUATION DATE _____ AIT COURSE LENGTH (WEEKS) _____

INFORMATION MISSING FROM ERB (exact date required)-

Missing Deployments: _____

Location (Country) _____ from (yyyy/mm/dd) _____ to (yyyy/mm/dd) _____

Location (Country) _____ from (yyyy/mm/dd) _____ to (yyyy/mm/dd) _____

Missing Schools and Awards on ERB? YES _____ NO _____ If yes, then please provide award or school certificates. If you have more than FIVE certificates, please have your ERB updated first.

REPORT IMMEDIATELY TO THE TRANSITION CENTER IF THERE ARE ANY CHANGES TO YOUR SEPARATION DATE OR OTHER INFORMATION RELATED TO YOUR SEPARATION!!



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY GARRISON, FT CAMPBELL
39 NORMANDY BOULEVARD
FORT CAMPBELL, KENTUCKY 42223-5617

IMCB-HRM-TC

6 February 2017

DOCUMENT CHECKLIST FOR CHAPTER SEPARATION ORDERS

- _____ **ALL:** Completed Information Sheet on Reverse
- _____ **ALL:** **ORIGINAL & FINALIZED** Chapter - **ALL** documents in pkg **MUST BE LEGIBLE**. Light/faded copies **NOT accepted**
- _____ **ALL:** ERB (Enlisted Record Brief) **CURRENT WITH DEPLOYMENTS/AWARDS/SCHOOLS**
- _____ **ALL:** LES (Leave and Earnings Statement) **MOST RECENT and CURRENT END OF THE MONTH**
- **ALL:** Record review – must be completed within 12 months prior to separation date (**See Unit S-1**)
- _____ **ALL:** Enlistment Contract for initial entry into the **REGULAR ARMY** (pages 4/1, 4/2, 4/3)
Exception: Prior Service, Reservists, or National Guard **WILL NOT** have page 4/3
- _____ **ALL:** SFL-TAP Checklist DD Form 2648-E from Pre-separation counseling (should be part of chapter package)
- _____ **ALL:** Signed debt avoidance counseling forms from finance – must be dated within 30 days of packet submission
- _____ If you have **Re-enlisted** you will also need: **ALL** Re-Enlistment Contracts (pages 4/1, 4/2)
- _____ If you have **Extended** you will also need: **ALL** Extension(s) to contracts
- _____ If you are **Prior Guard or Reserve** you will also need: Enlistment Contract for Guard/Reserve (pages 4/1, 4/2)
- _____ If you are **Prior Guard or Reserve** you will also need: **ANY** Discharge documents (example: NGB 22)
- _____ If you have any **Prior Service** you will also need: **ALL** DD 214(s)
- _____ If you were **AWOL or Confined** you will also need: **DA 4187(s)** for **ALL** lost time
- _____ If certain **AVIATION MOS's** you will also need: **DA 759** (Flight Record) from Battalion S-3.
- _____ If **PREGNANT** you will also need: Medical Profile included in Chapter package
- _____ If **SCHOOL DROP** you will also need: 4187 with CMD Approval & official acceptance letter from school
- _____ If taking **Leave/PTDY** you will also need: **Signed DA 31 with control number**, and with both leave and PTDY dates
(PTDY requires **COMMAND APPROVAL & APPLIES ONLY** to involuntary separations **NOT adverse separations**)

ETS/Chapters/REFRAD

Chief, Transition Center
Supervisor, Separations
Separation Services
Separation Services
Separation Services
Separation Services
Separation Services
Separation Services

Hours of Operation
M, T, W, F (0730-1530)
THURS (0900-1530)
CLOSED DAILY 1130-1200
(Closed All Federal Holidays)

Location
BLDG 2702, Michigan Ave, Room 213

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SERVICE MEMBER PRE-SEPARATION/TRANSITION COUNSELING AND CAREER READINESS STANDARDS EFORM FOR SERVICE MEMBERS SEPARATING, RETIRING, RELEASED FROM ACTIVE DUTY (REFRAD)

SECTION I - PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1142, Preseparation Counseling; transmittal of medical records to Department of Veterans Affairs.

PURPOSE(S): To record pre-separation counseling services and benefits requested by and provided to Service members; to identify pre-separation counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed pre-separation counseling checklist will be maintained in the Service member's official personnel file. Title 10 USC 1142, requires that not later than 90 days before the date of separation, for anticipated losses, pre-separation counseling for Service members be made available. For unanticipated losses, or in the event a member of a reserve component is being demobilized under circumstances in which operational requirements make the 90-day requirement unfeasible, pre-separation counseling shall be made available as soon as possible within the remaining period.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Congressional Inquiries, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, and Data Breach Remediation Purposes Routine Use.

To the Department of Veterans Affairs for the purpose of available benefits to the Service member.

The complete list of DoD Blanket Routine Uses can be found online at <http://dpcld.defense.gov/Privacy/SORNIndex/BlanketRoutineUses.aspx>

The applicable system of records notice is: DMDC 01, Defense Manpower Data Center Data Base

The SORNs may be found at <http://dpcld.defense.gov/Privacy/SORNIndex/DOD-wide-SORN-Article-View/Article/570563/dmdc-01/>

DISCLOSURE: Disclosure is voluntary however it may not be possible to initiate preseparation counseling and other transition assistance services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

SECTION II - SERVICE MEMBER PERSONAL INFORMATION

1. NAME BRIAN I CLYDE	2. DOD ID NUMBER [REDACTED]	3. GRADE E3	4. DATE OF BIRTH 19960930	5. SERVICE Army	5a. COMPONENT Active
6. UNIT NAME 030187INCO B RIFLE COMP	6a. UNIT ID CODE WFB8BDFC	6b. MILITARY INSTALLATION Fort Campbell			
7. ANTICIPATED DATE OF SEPARATION 20170131	7a. REASON FOR SEPARATION Discharge	7b. TYPE OF SEPARATION Separating Involuntarily	8. DATE FORM WAS INITIATED 20161121		
9. MEMBER ALLOWS THIS FORM TO BE SENT TO FEDERAL AGENCIES FOR ADDITIONAL TRANSITION ASSISTANCE POST SEPARATION: Yes					
9a. MEMBER ALLOWS THIS FORM TO BE SENT TO FEDERAL AND OTHER AGENCIES WHO LOOK FOR CRITICAL LANGUAGE SKILLS AND/OR REGIONAL EXPERTISE THAT COULD BE VITAL DURING TIMES OF NEED, CRISIS, AND/OR NATIONAL EMERGENCIES: Yes					
9b. POST-SEPARATION EMAIL: brian.i.clyde.mil@mail.mil			9c. POST-SEPARATION PHONE NUMBER:		
10. MILITARY MEMBER/CAREGIVER/LEGAL GUARDIAN/DESIGNEE GOING TO BE PRESENT DURING PRE-SEPARATION COUNSELING: No					

SECTION III - PRE-SEPARATION / TRANSITION COUNSELING, PRE-SEPARATION / TRANSITION COUNSELING NEEDS ASSESSMENT, REVIEW, AND VERIFICATION TO MEET CAREER READINESS STANDARDS (CRS), AND VOW COMPLIANCE

Service members shall be counseled on all items prescribed in Title 10, United States Code (U.S.C.), Chapter 58, Sections 1142(b) (1-17), Sections 1143, 1143a, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, and 1154, and DoD policies; involuntarily separated Service members have alternative benefits and programs that apply to them. Service member completed the following to meet Career Readiness Standards (CRS):

*Required

	Pre-Sep Assessment	Capstone CRS Review
11. Completed Pre-Separation Counseling: *		
Completed on 20161121, at Fort Campbell, Reported by the Army	Yes	Yes
12. Completed the Veteran Affairs (VA) Benefits Briefings I and II: *		
Completed on 20160815, at Fort Campbell, Reported by the Army	Yes	Yes
13. Completed the Department of Labor (DOL) Employment Workshop: *		
Completed on 20160815, at Fort Campbell, Reported by the Army	Yes	Yes
14. Registered on eBenefits *	Yes	Yes
15. Prepared a criterion-based Financial Plan for military to civilian transition *	No	Yes
16. Completed a criterion-based Individual Transition Plan (ITP) *	No	Yes
17. Completed a Continuum of Military Service Opportunity Counseling (Required Active Component Only)	No	Yes
18. Evaluated transferability of military skills to civilian workforce / Complete DoD Standardized Gap Analysis *	No	Yes
19. Documented requirements and eligibility for licensure, certification, and apprenticeship *	No	Yes
20. Completed an assessment tool to identify personal interests and leanings regarding career selection *	No	Yes
21. Completed a job application package or received a job offer letter *	No	Yes
22. Received a DOL Gold Card and understands post- 9/11 Veterans have priority at DOL American Job Centers *	No	Yes
23. Completed an assessment tool to identify aptitudes, interests, strengths, or skills	No	Yes
24. Completed a comparison of higher academic or technical training institution options	No	Yes
25. Completed a college, university, or career technical training application or received an acceptance letter	No	Yes
26. Confirmed one-on-one counseling with a higher education or career technical training institution advisor	No	Yes

27. I WAS COUNSELED AND RECEIVED DOCUMENTATION ON ALL ITEMS IN SECTION III, WHICH INCLUDES ALL ITEMS LISTED ON THE PRE-SEPARATION / TRANSITION COUNSELING ADDENDUM SHEET: Yes

28. PRE-SEPARATION / TRANSITION COUNSELING WAS COMPLETED WITH 89 DAYS OR LESS REMAINING BEFORE SEPARATION: Yes

28a. PRE-SEPARATION / TRANSITION COUNSELING COMPLETED 89 DAYS OR LESS JUSTIFICATION: Mission Requirements

29. SERVICE MEMBER SIGNATURE & DATE Signed via Disconnected Operations on 20161121	30. TRANSITION COUNSELOR SIGNATURE & DATE [REDACTED] DoD ID # [REDACTED] Signed 20161121
--	---

SECTION IV – OTHER REQUIREMENTS	
31. EVALUATED POST-TRANSITION TRANSPORTATION REQUIREMENTS AND DEVELOPED A PLAN TO MEET PERSONAL/FAMILY NEEDS: Yes	
32. EVALUATED POST-TRANSITION HOUSING REQUIREMENTS AND DEVELOPED A PLAN TO MEET PERSONAL/FAMILY NEEDS: Yes	
SECTION V – OTHER CURRICULUM ATTENDANCE	
33. ACCESSING HIGHER EDUCATION TRACK: Completed on 20161014, at Fort Campbell, Reported by the Army	
34. ENTREPRENEURSHIP TRACK: N/A	
34a. ADDITIONAL ENTREPRENEURSHIP TRACK TRAINING (8 WEEK COURSE): N/A	
35. CAREER TECHNICAL TRAINING TRACK: N/A	
SECTION VI – CAPSTONE REVIEW	
36. SERVICE MEMBER SIGNATURE & DATE BRIAN ISAACK CLYDE DoD ID # Signed 20161121	37. TRANSITION COUNSELOR SIGNATURE & DATE DoD ID # Signed 20161121
SECTION VII – COMMANDER OR COMMANDER'S DESIGNEE VERIFICATION	
38. APPLICABLE CAREER READINESS STANDARDS MET: Yes	41. COMMANDER OR COMMANDER'S DESIGNEE SIGNATURE & DATE DoD ID # Signed 20161202
39. VIABLE ITP COMPLETED: Yes	
40. WARM HANDOVERS EXECUTED: Yes	
SECTION VIII – WARM HANDOVER TO SUPPORTING AGENCIES CONTACT INFORMATION	
42. VETERANS AFFAIRS: N/A	
43. DEPARTMENT OF LABOR: N/A	
44. OTHER RESOURCE: N/A	
SECTION IX – REMARKS	
45. REMARKS: Commander or Commander's Designee Remarks - Remarks complete WRT Section V: [Other Curriculum Attendance] - MOC Crosswalk: Completed on 20160815, at Fort Campbell, Reported by the Army WRT Section V: [Other Curriculum Attendance] - Financial Planning: Completed on 20160815, at Fort Campbell, Reported by the Army WRT Section V: [Other Curriculum Attendance] - Resilient Transitions: Completed on 20160815, at Fort Campbell, Reported by the Army WRT Section V: [Other Curriculum Attendance] - Capstone Event: Completed on 20161121, at Fort Campbell, Reported by the Army	

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SECTION IX - REMARKS (CONT.)

45. REMARKS (CONT.):



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT CAMPBELL
39 NORMANDY BOULEVARD
FORT CAMPBELL, KENTUCKY 42223-5617

REPLY TO
ATTENTION OF

PROVIDE FRONT COPY OF ORDERS TO UNIT S1

CHAPTER SEPARATION CLEARING PROCESS CHECKLIST

13 January 2017

ESCORTS ARE REQUIRED FOR CHAPTERS 5-13, 5-17, 7 SEC IV, 9, 10, 13, AND 14

Now

You must access the In/Out Processing webpage (below) to request clearing papers and a CIF appointment, **no earlier than 14 working days out** from separation date or transition leave date. If you request clearing papers at the computer lab located in Building 2702, no CAC card is required. If you do not use the computer lab, a CAC enabled computer on the Fort Campbell network **MUST** be used. Soldiers must have a working CAC and know the personal identification number for their CAC. All soldiers will also complete a Fort Campbell exit survey when requesting installation clearing papers. Bring confirmation that you have completed this survey to your final out appointment.

<https://intranet.campbell.army.mil/garrison/dhr/MPSD/inop/layouts/15/start.aspx#/>

No

Escorts for Soldiers being adversely separated will complete the above request in lieu of the Soldier being separated. The documents listed above will be emailed to the escort.

NOW

Department of Defense has established a requirement for all Active Duty and Reserve Component soldiers to complete a Separation History and Physical Examination (SHPE), and it is the soldier's responsibility to make sure the SHPE is conducted. The SHPE must be conducted within 180 days prior to separation if conducted by the VA as part of the benefits application process, or must be completed by the soldier's Military Treatment Facility (MTF) within 30 days before date of out processing if no VA claim is filed.

NOW

Upon receiving the separation order, Soldiers should report to the Education Center for a mandatory pre-clearance briefing as soon as possible, but no earlier than six months prior to their separation date. Contact number for the Ed Center is 798-3201/461-1469 (open 0900-1600 M,T,W&F & 1000-1600 Thursday).

NOW

Finance conducts **mandatory** pre-clearance briefings in building 2702 at **1030** on weekdays. Please wait in the main waiting area inside the MPSD section, and a finance technician will move all briefing attendees to the appropriate classroom at 1030. This briefing **must** be completed the following duty day after the Soldier/escort has completed the online clearing papers request process or finance **will not** conduct final processing. This cannot be done until a control number has been issued on the DA 31. Soldiers must bring 2 sets of orders, 2 copies of transition leave form and a pen.

NOW

You must report to your **BATTALION S-1** to pick up **DA FORM 137-1** (Unit Clearance Record) and submit a copy of your orders.

NOW

Contact **TRANSPORTATION** (Bldg 7170 H Avenue, 270-798-7151) to arrange military shipment or Do-it-yourself move of any personal items.

NOW

Soldier For Life – Transition Assistance Program (SFL-TAP) Bldg 5661 A copy of the Pre-separation Counseling Checklist (DD Form 2648-E) with Commander's signature required; **MUST** be turned into the Transition Center **PRIOR TO FINAL OUT**.

15Feb

FINAL CLEARING PROCEDURE – REQUIRED TO PROCESS FINAL PAY CHECK! The Soldier and escort **MUST** return **COMPLETED CLEARING PAPERS** to Transition Center (RM 213) & receive a "Final Clearance" stamp and finalized DD214.

Supervisor, Separations
Separation Services
Separation Services
Separation Services
Separation Services
Separation Services
Separation Services
Separation Services

Room 213 Hours of Operation:
M, T, W, F (0730-1530) / THURS (0900-1530)

CLOSED DAILY 1130-1200

Closed All Federal Holidays

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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) CLYDE, BRIAN ISAACK		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK PFC	b. PAY GRADE E03	5. DATE OF BIRTH (YYYYMMDD) 19960930		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000	
7a. PLACE OF ENTRY INTO ACTIVE DUTY FORT SAM HOUSTON, TEXAS		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 8801 N FM 620 APT 1436 AUSTIN TEXAS 78726-3527			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 030187INCO B RIFLE COMP FC			b. STATION WHERE SEPARATED FORT CAMPBELL TC, KY 42223-5000		
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE AMOUNT: \$ 400,000.00 NONE	
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.) 11B10 INFANTRYMAN - 1 YRS 3 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD		2015	08
		b. SEPARATION DATE THIS PERIOD		2017	02
		c. NET ACTIVE SERVICE THIS PERIOD		0001	06
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00
		e. TOTAL PRIOR INACTIVE SERVICE		0000	00
		f. FOREIGN SERVICE		0000	00
		g. SEA SERVICE		0000	00
		h. INITIAL ENTRY TRAINING		0000	03
i. EFFECTIVE DATE OF PAY GRADE		2016	08		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) INFANTRYMAN OSUT CRS, 13 WEEKS, 2015//NOTHING FOLLOWS			
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: NA)				YES	X NO
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO X
18. REMARKS NONE//NOTHING FOLLOWS					
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) 1001 W PARK BLVD #130 PLANO TEXAS 75075		19b. NEAREST RELATIVE (Include ZIP Code) [REDACTED]			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) TX		OFFICE OF VETERANS AFFAIRS		X	YES NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				X	YES NO
21a. MEMBER SIGNATURE WORKSHEET	b. DATE (YYYYMMDD)	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) WORKSHEET		b. DATE (YYYYMMDD)	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, PARA 13-2E		26. SEPARATION CODE JFT	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION PHYSICAL STANDARDS			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) BIC	

DEPARTMENT OF THE ARMY
HEADQUARTERS 101ST AIRBORNE DIVISION (AIR ASSAULT) AND FORT CAMPBELL
FORT CAMPBELL, KENTUCKY 42223-5000

ORDERS 041-0636

10 February 2017

CLYDE, BRIAN ISAACK [REDACTED] PFC 030187INCO B RIFLE COMP, (WFBBBD), FT
CAMPBELL, KY 422235000

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You are reassigned to the U.S. Army transition point shown for transition processing. After processing, you are discharged from the Component shown. If you are delayed in reporting to the transition point, you still must report to the transition point as soon as possible or as authorized to receive a new effective date of discharge.

Assigned to: FORT CAMPBELL TC (WOU41B) FORT CAMPBELL KY 42223-5000

Reporting date: 17 February 2017

Comp: REGULAR

Date of discharge unless changed or rescinded: 17 February 2017

Additional instructions: a. Soldier separated under provisions of Chapter 13, Para. 13-2e, AR 635-200. b. SPD: JFT c. You are authorized permissive TDY IAW AR 600-8-10, paragraph 5-35. d. Travel and transportation privileges authorized for 180 days after separation date. e. Dependents: No

FOR ARMY USE

Auth: AR 635-200

HOR: AUSTIN TX US

Place EAD or OAD: FORT SAM HOUSTON TX US

MDC: 7BE7

FOR ADDITIONAL INFORMATION CONTACT:

SDN: CLY1293PE10636

Format: 501

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FOR THE COMMANDER:

* OFFICIAL *
* 101ST ABN DIV (AASLT) AND *
* FT CAMPBELL, KY *

FOSTER GOODMAN
ADJUTANT GENERAL

DISTRIBUTION:

PFC CLYDE (5)

Cdr 030187INCO B RIFLE COMP, (WFBBBD) (0)

EMILPO (1)

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Privacy Act Data In Accordance With Privacy Act of 1974
Dispose of this Properly

Soldier Deployment History Outprocessing Report

Period Covered: 20151212 to 20170215		Report Date: 20170215	
Service Member: CLYDE, BRIAN ISAACK	SSN: 	MPC/Pay Level: E03	
Component: Regular	Actual PERSTEMPO Counts: 0 out of 365 days, 0 out of 730 days		

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No event data found for the selected soldier.

Reviewing Official Authentication		FC, SI _____ Grade, Position E-3 _____ Signature, Grade
Soldier Authentication		_____ Signature, Grade

Date Authenticated	<u>20170215</u>
Date Authenticated	<u>20170215</u>

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REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
3RD BATTALION, 187TH INFANTRY REGIMENT,
3RD BCT, 101ST AIRBORNE DIVISION (AIR ASSAULT)
FORT CAMPBELL, KY 42223



AFZB-KC-H

26 October 2016

MEMORANDUM FOR RECORD

SUBJECT: Assumption of Command by Authority of AR 600-20, Paragraph 2-5

1. By authority of AR 600-20 paragraph 3-4, 1LT [REDACTED] assumes command of Rear Detachment, 3rd Battalion, 187th Infantry Regiment, 3rd Brigade Combat Team, 101st Airborne Division (Air Assault). b6
b7C
2. Purpose: To perform duties IAW existing regulations and policies.
3. Effective Date: 28 September 2016.
4. Period: Starting on 28 September 2016 and until the Battalion Commander returns from the combat deployment.
5. Point of contact for this action is the undersigned at [REDACTED] b6
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1LT, IN
Commanding



LTC, IN
Commanding

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DEPARTMENT OF THE ARMY
BRAVO COMPANY, 3rd BATTALION, 187TH INFANTRY REGIMENT
6768 DESERT STORM AVENUE
FORT CAMPBELL, KENTUCKY 42223

AFZB-KC-B

05 October 2016

MEMORANDUM FOR RECORD

SUBJECT: Assumption of Command (Provisional)

1. By authority of paragraph 2-8.a (1) AR 600-200. The undersigned assumes command of Bravo Company (WFBBD) 3rd Battalion, 187th Infantry Regiment, 3rd Brigade Combat Team, 101st Airborne Division (Air Assault), effective 05 October, 2016.

2. Point of contact for this memo is the undersigned at [redacted] or at [redacted]

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CPT, IN
Commanding



SSG, USA
Active Commanding

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DATE: 2017/02/10 09:14:57
DODAAC: W34Q23

CIF - FORT CAMPBELL
OCIE TRANSACTION RECORD - AUTOMATED DA FORM 3645

PAGE 1 OF 2
CIF CODE: SE6000

SSN/PID:
RANK/GRADE: PFC/E03
BRANCH: ARMY

NAME: CLYDE, BRIAN I
UNIT:
EXPECTED CLEARANCE: 2018/11/29

SEX: M

LAST INITIAL ISSUE: 2015/12/22
DMOS:

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DOCUMENT NUMBER: W34Q2370417019V
TRANSACTION LOCATION: SE6000 - FORT CAMPBELL
TRACKING ID:

DTTC: OCIE RECORD COMPLETE TURN IN
TRANSACTION DATE: 2017/02/10
LOCATION ID:

MENU	LIN	SIZE	CIC	NOMENCLATURE	NSN	TOTAL TURN-IN	ISSUING CIF
202	DA650F	UCP		FRAME	8465-01-524-8368	1	SE6000
202	DA6517	UCP		MOLDED WAIST BELT	8465-01-524-7232	1	SE6000
202	DA652Z	UCP	1	ENHANCED FRAME SHOUL	8465-01-524-7240	1	SE6000
202	DA654J	LRG UCP		RUCKSACK LARGE FIEL	8465-01-524-5285	1	SE6000
202	DA655V	UCP		SUSTAINMENT POUCH	8465-01-524-7226	2	SE6000
202	DA657W	UCP		LOAD LIFTER ATTACHM	8465-01-524-7241	2	SE6000
202	DA703T	MED FRUCP		BASE VEST ASSEMBLY	8470-01-564-0353	1	SE6000
202	DA703Z	MED UCP II		YOKE AND COLLAR ASSEMBLY, BACK	8470-01-582-0640	1	SE6000
202	DA7047	MED GEN II		YOKE AND COLLAR ASSEMBLY, FRONT	8470-01-582-1027	1	SE6000
202	DA704A	ONE SZ		BACK, ASSEMBLY	8470-01-564-2999	1	SE6000
202	DA704C	XS-MED LG		GROIN PROTECTOR, ASSEMBLY	8470-01-564-3415	1	SE6000
202	DA704E	MED-LRG		DELTOID PROTECTOR ASSEMBLY	8470-01-564-5343	2	SE6000
202	M24944	20X72 FGRN	D	MAT SLEEPING (SGI)	8465-01-393-6515	1	SE6000

TOTAL QTY: 16

TOTAL VALUE: \$1,296.52

THIS INDIVIDUAL HAS COMPLETED HIS/HER FINAL CLEARANCE AT THIS CENTRAL ISSUE FACILITY.



~~FOUO~~ PRIVACY SENSITIVE

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DATE: 2017/02/10 09:14:57
DODAAC: W34Q23

CIF - FORT CAMPBELL
OCIE TRANSACTION RECORD - AUTOMATED DA FORM 3645

PAGE 2 OF 2
CIF CODE: SE6000

SSN/PID: 
RANK/GRADE: PFC/E03
BRANCH: ARMY

NAME: CLYDE, BRIAN I
UNIT:
EXPECTED CLEARANCE: 2018/11/29

SEX: M

LAST INITIAL ISSUE: 2015/12/22
DMOS:

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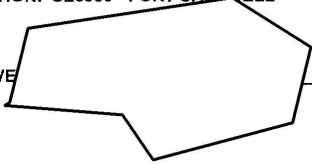


DOCUMENT NUMBER: W34Q2370417019V
TRANSACTION LOCATION: SE6000 - FORT CAMPBELL
TRACKING ID:

DTTC: OCIE RECORD COMPLETE TURN IN
TRANSACTION DATE: 2017/02/10
LOCATION ID:

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OCIE REPRESENTATIVE
SIGNATURE & DATE

 2/10/2017

END REPORT

~~FOUO~~ - PRIVACY SENSITIVE



DO NOT DISCARD



**INFORMATION REGARDING
TRANSITIONAL HEALTH CARE ID CARD**

**YOU ARE ENTITLED TO 180 DAYS TRANSITIONAL HEALTH
CARE**

You (and your eligible dependents) are able to receive your Transitional Health Care ID Card the business day after your separation date (not the day after your leave begins). The following documentation is required for ID cards to be issued for you and your dependents:

***Separation Order plus any amendments (attached).**

***Copy of DD Form 214, member copy 4 (attached).**

***Two** forms of government issued photo identification (one of which will be the current military identification card) for the Retiree and all dependents over 21 years of age. Dependents under 21 years of age are only required to bring their current military identification card.

To schedule an appointment for **ID Card issuance at Fort Campbell**, visit this website:
<https://rapids-appointments.dmdc.osd.mil>

or

REPORT TO THE NEAREST ID CARD FACILITY

For ID Card facilities outside the Ft. Campbell area please visit the Rapids Website at:
<http://www.dmdc.osd.mil/rsl/owa/home>

***** IMPORTANT *****

Once DEERS is updated (when you receive your ID Card) you will be automatically enrolled in TRICARE Standard. **YOU** must enroll in TRICARE Prime (if you wish) by going to the TRICARE website at www.tricare.mil.

*If you do not go to an ID Card facility to receive your Transitional Health Care ID Card your medical benefits will **EXPIRE** at midnight on your date of separation.

*You may have a Primary Care Manager at Blanchfield Army Community Hospital and use specialty clinics, pharmacy and other ancillary services offered.

*You are eligible to have prescriptions filled at Fort Campbell or other participating military pharmacies, or participating retail pharmacies.

IF YOU JOINED THE NATIONAL GUARD OR RESERVE: You will receive your ID card when you arrive at your unit, however, your health care benefits will be retroactive to your separation date.

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) CLYDE, BRIAN ISAACK		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER [REDACTED]																
4a. GRADE, RATE OR RANK PFC	b. PAY GRADE E03	5. DATE OF BIRTH (YYYYMMDD) 19960930		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000																
7a. PLACE OF ENTRY INTO ACTIVE DUTY FORT SAM HOUSTON, TEXAS		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 8801 N FM 620 APT 1436 AUSTIN TEXAS 78726-3527																		
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 030187INCO B RIFLE COMP FC			b. STATION WHERE SEPARATED FORT CAMPBELL TC, KY 42223-5000																	
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE ☐ NONE AMOUNT: \$400,000.00																
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.) 11B10 INFANTRYMAN - 1 YRS 3 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)															
		a. DATE ENTERED AD THIS PERIOD		2015	08															
		b. SEPARATION DATE THIS PERIOD		2017	02															
		c. NET ACTIVE SERVICE THIS PERIOD		0001	06															
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00															
		e. TOTAL PRIOR INACTIVE SERVICE		0000	00															
		f. FOREIGN SERVICE		0000	00															
		g. SEA SERVICE		0000	00															
		h. INITIAL ENTRY TRAINING		0000	03															
i. EFFECTIVE DATE OF PAY GRADE		2016	08	10																
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and months and year completed) INFANTRYMAN OSUT CRS, 13 WEEKS, 2015//NOTHING FOLLOWS																		
<table border="1"><tr><td>15a. COMMISSIONED THROUGH SERVICE ACADEMY</td><td>☐</td><td>YES</td><td>☒ X</td><td>NO</td></tr><tr><td>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)</td><td>☐</td><td>YES</td><td>☒ X</td><td>NO</td></tr><tr><td>c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA)</td><td>☐</td><td>YES</td><td>☒ X</td><td>NO</td></tr></table>						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: NA)	☐	YES	☒ X	NO
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: NA)	☐	YES	☒ X	NO																
16. DAYS ACCRUED LEAVE PAID 0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			☒ YES ☐ NO															
18. REMARKS BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20141112-20150809//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS																				
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) 1001 W PARK BLVD #130 PLANO TEXAS 75075			b. NEAREST RELATIVE (Name and address, include ZIP Code) [REDACTED] DALLAS TEXAS 75230																	
<table border="1"><tr><td>20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) TX</td><td>OFFICE OF VETERANS AFFAIRS</td><td>☒ X</td><td>YES</td><td>☐</td><td>NO</td></tr><tr><td colspan="2">a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)</td><td>☒ X</td><td>YES</td><td>☐</td><td>NO</td></tr></table>						20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) TX	OFFICE OF VETERANS AFFAIRS	☒ X	YES	☐	NO	a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		☒ X	YES	☐	NO			
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) TX	OFFICE OF VETERANS AFFAIRS	☒ X	YES	☐	NO															
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)		☒ X	YES	☐	NO															
21a. MEMBER SIGNATURE DESIGNED BY: CLYDE, BRIAN, ISAACK		b. DATE (YYYYMMDD) 20170215	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) DESIGNED BY: [REDACTED] GS12, CHIEF TRANSITION		b. DATE (YYYYMMDD) 20170214															

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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, PARA 13-2E		26. SEPARATION CODE JFT	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION PHYSICAL STANDARDS			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) BIC	

(Please read Privacy Act Statement and Instructions in Section III before completing this form.)

AUTHORITY: 10 U.S.C. 1142, Preseparation Counseling; E.O. 9397, as amended (SSN).

ROUTINE USE(S): None.

SECTION II - PERSONAL INFORMATION *(To be filled out by all applicants)*

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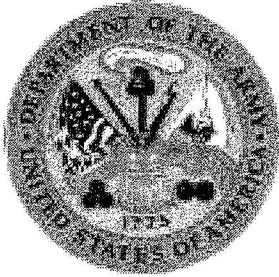
Page 1 of 5 Pages
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PREPARATION COUNSELING CHECKLIST FOR AC, AGR, AR, FTS, AND RPA SERVICE MEMBERS	NAME (Last, First, Middle Initial)																		SSN	
	C	L	Y	D	E										B	R	I	A	N	
SECTION IV (Continued)													SERVICE MEMBER		SPOUSE		REFERRED TO			
													YES	NO	YES	NO				
12. RELOCATION ASSISTANCE *NOTE: Status of Forces Agreement limitations apply to overseas Service members.																				
a. Permissive (TDY/TAD) and Excess leave														X						
*b. Travel and Transportation Allowances (see Note above)														X						
13. CONTACT INFORMATION FOR HOUSING COUNSELING ASSISTANCE portal.hud.gov/portal/page/portal/HUD														X						
14. EDUCATION/TRAINING																				
a. Education benefits (Post 9-11 GI Bill Chapter 33), (Montgomery GI Bill Chapter 30), (Veterans Educational Assistance Program), (Vietnam-era, etc.) www.gibill.va.gov														X						
b. U.S. Department of Education Federal Aid Programs www.FederalStudentAid.ed.gov														X						
c. Other Federal, State, or local education/training programs and options														X						
15. PHYSICAL AND MENTAL HEALTH WELL-BEING																				
a. Information on availability of Healthcare and Mental Health Services (Post-traumatic stress disorder, anxiety disorders, depression, suicidal ideations, combat operational/stress, or other mental health conditions associated with service in the Armed Forces)														X						
(1) Transitional Healthcare Benefit/TRICARE (for eligibility and additional information go to: www.tricare.mil or www.tricare.mil/Factsheets/browseTopic.cfm) (click on Transitional Assistance Management Program)														X						
(2) VA Health Administration www1.va.gov/health/index.asp														X						
(3) VA Vet Center www.vetcenter.va.gov														X						
(4) State and local healthcare and mental health services														X						
b. Describe healthcare and other benefits to which the member may be entitled under the laws administered by the Secretary of Veterans Affairs - www.va.gov														X						
(1) VA health care														X						
(2) VA dental care														X						
16. HEALTH AND LIFE INSURANCE																				
a. Continued Health Care Benefits Program - Option to purchase 18-month conversion health insurance. Concurrent pre-existing condition coverage with purchase of conversion health insurance www.tricare.mil/mybenefit/home/overview/SpecialPrograms/CHCBP														X						
b. Veterans Group Life Insurance (VGLI) www.insurance.va.gov/sqllsite/vgli.htm and www.turboTAP.org websites														X						
c. Servicemembers' Group Life Insurance (SGLI) www.insurance.va.gov/sqllsite/default.htm and www.turboTAP.org websites														X						
d. Traumatic Injury Protection Program (TSGLI) www.insurance.va.gov/sqllsite/tsqli/expandedbenefits.htm and www.turboTAP.org websites														X						
e. Family Servicemembers' Group Life Insurance (FSGLI) www.insurance.va.gov/sqllsite/fsqli/sqllfam.htm and www.turboTAP.org websites														X						
f. Service-Disabled Veterans Insurance (SDVI) www.insurance.va.gov/inForceGlsite/buying/SDVI.htm and www.turboTAP.org websites														X						
g. Veterans' Mortgage Life Insurance (VMLI) www.insurance.va.gov/inForceGlsite/buying/VMLI.htm and www.turboTAP.org websites														X						
h. For more information on Veterans Life Insurance, visit: www.insurance.va.gov														X						
i. Transitional Health and Dental Care Benefit - for eligibility criteria and additional information, go to: www.tricare.mil and www.tricare.mil/dental/TRDP_Eligibility.cfm														X						
17. FINANCES																				
a. Financial Management (TSP, Retirement, SBP, military vs. civilian pay and benefits)														X						
b. Separation pay (Eligible Involuntary Separatees)														X						
c. Unemployment Compensation														X						
d. General money management (budgeting, debt reduction)														X						
e. Personal savings and investing														X						

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DEPARTMENT OF THE ARMY
FORT CAMPBELL
-FSBP2020-
Building 850
Georgia Ave & 16th Street
Fort Campbell KY 42223

Control Number: UPH-8662146-17-000005602
Today's Date: FEB-15-2017

MEMORANDUM FOR: See DISTRIBUTION

SUBJECT: Termination of Assignment to UHM Housing

1. The following individual is Terminated from UHM dwelling:

SSN:: [REDACTED] Name: CLYDE, BRIAN I.
Rank: PVT Branch: ARMY
Pay Grade: E-1 UIC / Name: WFBBT0 / HHC 3/187TH INF BN

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2. This individual was assigned to the following dwelling:

Address: 6763 DESERT STORM & AIR ASSUALT ST
FORT CAMPBELL, KENTUCKY
Building: 6763
Wing:
Floor: 6763-2 FLR
Unit: 214
Room: 214-A
Bed: 214-A1

3. The effective date of termination is: FEB-15-2017
4. This move is for the convenience of the government.

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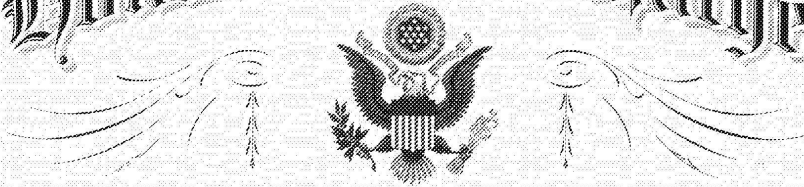


FORT CAMPBELL

DISTRIBUTION

FINANCE: 1
INDIVIDUAL: 1
TRANSPORTATION: 1
UNIT COMMANDER: 1

Honorable Discharge



from the Armed Forces of the United States of America

This is to certify that

PRIVATE FIRST CLASS BRIAN I. CLYDE REGULAR ARMY

was Honorably Discharged from the

United States Army

on the **17TH** *day of* **FEBRUARY 2017** *This certificate is awarded*
as a testimonial of Honest and True Service



CHIEF, TRANSITION CENTER

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CERTIFICATION OF VITAL RECORD

CITY OF DALLAS, TEXAS
VITAL STATISTICS DIVISION

0448A276006

STATE OF TEXAS				CERTIFICATE OF BIRTH		BIRTH NUMBER	
1. Name: First Brian Middle Isaack Last Clyde				2. Date of Birth 09/30/1996		3. Sex Male	
4a. Place of Birth - County DALLAS		4b. City or Town (If outside city limits, give province no.) DALLAS		5. Time of Birth 05:50 p.m.		6a. Plurality - Single, Twin, Triplet, etc. Single	
7a. Place of Birth ☐ Clinic / Doctor's Office ☐ Licensed Birthing Center ☒ Hospital				7b. Name of Hospital or Birthing Center (If not institution, give Street Address) ST. PAUL MEDICAL CENTER			
7c. Residence ☐ Other (Specify):				7d. Certifier - I certify that this child was born alive at the place and time and on the date as stated.			
8. Signature of Mother and Marital Address				9. Signature of Certifier A.R.T. 10-8-96 Date Signed			
10. ☐ M ☐ DO ☐ CM ☐ M ☐ Other (Specify):				11. ☐ Attendant ☒ Facility Administrator / Designate ☐ Other (Specify):			
12a. Name - First Texas Middle Dallas		12b. Name - First Dallas Middle Dallas		12c. Date of Birth		12d. Birthplace (State or Foreign Country)	
13a. Residence - State Texas		13b. County Dallas		13c. City or Town Dallas		13d. Zip Code	
13e. Inside City Limits ☒ Yes ☐ No		14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only)					
15. Name - First Texas Middle Dallas Last Dallas		16. Date of Birth		17. Birthplace (State or Foreign Country)			
18a. Registrar's File Number 02-23841		18b. Date Registered by Local Registrar OCT 15 1996		19. Signature of Local Registrar			

SF1505128

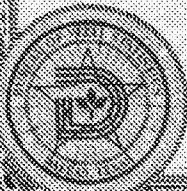
This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Sec. 171.031, Health and Safety Code.

ISSUED

DEC 23 2008

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

Heidi Clay
Heidi Clay, Registrar
Bureau of Vital Statistics
City of Dallas, Texas



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State of Texas
Academic Achievement Record

08/08/15

Name: CLYDE, BRIAN L.
 Student ID: 005691803 SSN: [REDACTED]
 Birth Date: 05/30/95 Gender: Male
 Eth/Race: Not Hispanic/Latino

District: LEANDER ISD
 School: VANDEGRIFT HIGH SCHOOL
 School Address: 3500 MCNEIL DR.
 AUSTIN TX 78750
 School Phone: 512 275-0300 FAX: 440303

Parent/Guardian: [REDACTED]
 Address: 1747 E. 75TH ST

Exit Level Assessment
 Algebra 1: SPRING 2012
 Geometry: SPRING 2012
 U.S. History: SPRING 2014
 English 1: FALL 2012
 English 2: SPRING 2013

Schools Attending
 Credit: 08/10 057025-058 12/13 248813-025
 12/11 027805-058 12/14 248813-025
 12/12 248813-025 14/15 248813-025

Language Arts	SRWG	S.E.	94	92	89	CM	Test Avg.	SPWG	S.E.	91	92	89	CR
11/12 ENG 1	09202100		95	95	90	1.0	12/14 TACS1	00580200	Q	72	68	70	1.0
12/13 ENG 1	07200200			97	93	1.0	12/14 TAMRNG	03580587		82	86	88	1.0
12/13 ENG 2	03200200	Q	89			0.0	CareerTech Ed.						
13/14 ENG 2	03200300		81	78	86	1.0	11/12 BLUSHK1	13011400	A	86	90	96	1.0
14/15 ENG 2	03200400		96			0.5	11/12 REP	N1303742		92	95	96	1.0
Spanish							12/13 DOE	N1303743		78	88	82	1.0
12/13 CCMBAAPP	07201400		86		88	0.5	14/15 AERO	N1303748		87			0.5
Mathematics							14/15 ANMAT	13080300		84			0.5
11/12 ALL 1	00100500		92	92	90	1.0	14/15 CLARTS	13020900		91			0.5
12/13 UEGM	08100700		80	84	81	1.0	Other Electives						
13/14 ALB 2	05100500		73	74	74	1.0	12/14 RCYC 2	02180200		81	92	82	1.0
14/15 INDTL/MTM	07200500		75			0.5	14/15 RCYC 4	03180400		83			0.5
Science													
11/12 BIO	00500200		82	81	87	1.0							
12/13 CHEM	00500300		75	73	74	1.0							
13/14 PH/SCIS	00500300		78	78	79	1.0							
14/15 EES	03000300		85			0.5							
Social Studies													
11/12 W GEO	07200400		97	95	98	1.0							
12/13 W HIST	02100400		98	98	98	0.5							
12/13 APHIST	A0370100	P	74		74	0.5							
13/14 US HIST	03040100		89	89	92	1.0							
Elective Int.													
14/15 ECOPE	03100800		85		85	0.5							
Health													
12/13 MLTH ED	03010100		62	62	63	0.5							
P.E./Equivalent													
14/15 PERFOUN	PE300052			100	100	0.5							
12/13 SUBJ1	PE500054		80	81	83	1.0							
Other Languages													
08/10 LES 6-8S	00440200	1	80	79		0.0							
10/11 LES 8-10	00440200	1	72	72		1.0							
11/12 SPANL	05440200		76	85	81	1.0							
Fine Arts													
10/13 THE	03200100		81	81	81	1.0	Credit Totals						
13/14 THEPROG	03200200		95	92	86	1.0	State	28.5					
							Loss						

Rank Date: 05/07/15

Rank: 352

Class Size: 423

GPA:

3.80730

Quarter: 6th

Texas Grant Indicator: (1-BL/GRLE)

Signature and Title of School Official:

Date of Certificate of Coursework Completion:

Date of Graduation:

Graduation Program type: Recommended HS Program

Note: A=Accelerated credit course; C=Correspondence course; D=Dual credit course; E=Credit by exam as of August 2013; G=Gifted/Talented; H=Honors; I=IB; J=Course completed prior to grade 10; K=Philly; L=Last credit; M=Magner course; N=Night School; P=AP Course; Q=Pre-AP course; R=Course completed in another school; S=12-15th grade; T=16-18th grade; U=19th grade; V=20th grade; W=21st grade; X=22nd grade; Y=23rd grade; Z=24th grade; AA=25th grade; AB=26th grade; AC=27th grade; AD=28th grade; AE=29th grade; AF=30th grade; AG=31st grade; AH=32nd grade; AI=33rd grade; AJ=34th grade; AK=35th grade; AL=36th grade; AM=37th grade; AN=38th grade; AO=39th grade; AP=40th grade; AQ=41st grade; AR=42nd grade; AS=43rd grade; AT=44th grade; AU=45th grade; AV=46th grade; AW=47th grade; AX=48th grade; AY=49th grade; AZ=50th grade; BA=51st grade; BB=52nd grade; BC=53rd grade; BD=54th grade; BE=55th grade; BF=56th grade; BG=57th grade; BH=58th grade; BI=59th grade; BJ=60th grade; BK=61st grade; BL=62nd grade; BM=63rd grade; BN=64th grade; BO=65th grade; BP=66th grade; BQ=67th grade; BR=68th grade; BS=69th grade; BT=70th grade; BU=71st grade; BV=72nd grade; BW=73rd grade; BX=74th grade; BY=75th grade; BZ=76th grade; CA=77th grade; CB=78th grade; CC=79th grade; CD=80th grade; CE=81st grade; CF=82nd grade; CG=83rd grade; CH=84th grade; CI=85th grade; CJ=86th grade; CK=87th grade; CL=88th grade; CM=89th grade; CN=90th grade; CO=91st grade; CP=92nd grade; CQ=93rd grade; CR=94th grade; CS=95th grade; CT=96th grade; CU=97th grade; CV=98th grade; CW=99th grade; CX=100th grade; CY=101st grade; CZ=102nd grade; DA=103rd grade; DB=104th grade; DC=105th grade; DD=106th grade; DE=107th grade; DF=108th grade; DG=109th grade; DH=110th grade; DI=111th grade; DJ=112th grade; DK=113th grade; DL=114th grade; DM=115th grade; DN=116th grade; DO=117th grade; DP=118th grade; DQ=119th grade; DR=120th grade; DS=121st grade; DT=122nd grade; DU=123rd grade; DV=124th grade; DW=125th grade; DX=126th grade; DY=127th grade; 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Enrollment Verification Form

Registrar Office - Ph: 361-698-1248

Fax: 361-698-1827

E-mail: reginfo@delmar.edu

Name: _____ Student ID: _____
Last First Middle

Date of Birth: _____ Phone Number: _____

Email Address: _____ Term(s): _____

Address: _____

Please Note: Photo Id required for pick up.

If you do not pick up within one week we will mail the verification to address on file.

Student Signature: _____ Date: _____

Reason for Request:

4/6/2016 OES

Transcript

Brian Clyde

Course/Section and Title	Grade	Credits	CEUs	Repeat	Term
ARTH-2346 001FA 1900 to Contemporary					2017S2
ENGL-1301 001FA Composition I					2017FA
HIST-1303 001FA United States History I					2017FA
MUSI-1306 001S2 Music Appreciation	A	5.00			2017S2
SPCH-1315 002S2 Public Speaking	D	1.00			2017S2
GOVT-2305 003S1 Federal Government	A	5.00			2017S1
MATH-1314 007S1 College Algebra	F	3.00			2017S1
KINE-1125 Recreational Activities	CR	1.00			
KINE-1126 Marine Recreation Diving Eq	CR	1.00			
KINE-1308 First Aid	CR	3.00			
KINE-ELEC Knowledge Election	CR	1.00			

Total Earned Credits 15.00

Total Grade Points 33.00

Cumulative GPA 2.750

APPLICANT COPY

CONGRATULATIONS! A SUCCESSFUL RESERVATION WAS COMPLETED FOR

NAME: CLYDE BRIAN ISAACK

SSN: [REDACTED]

JOB: 11X1000YY

TITLE: INFANTRY RECRUIT

TERM: 3 YEARS 16 WEEKS

OPTION: 3
ASSOC. OPTION: 50

TITLE: US ARMY TRAINING OF CHOICE

TITLE: US ARMY PARTNERSHIP FOR YOUTH SUCCESS (PAYS) PROGRAM

TOTAL BONUS AMOUNT: 0

FIRST UNIT OF ASSIGNMENT: UNCM

EXPECTED ARRIVAL DATE:

DEP SWEAR-IN DATE:

REPORT TO THE MEPS FOR TRANSPORTATION TO YOUR TRAINING LOCATION ON 20150810.

WHILE SPECIFIC TRAINING LOCATIONS ARE NOT GUARANTEED, YOU ARE TENTATIVELY SCHEDULED TO RECEIVE THE FOLLOWING TRAINING:

TYPE	LOCATION	START DATE	LENGTH WKS	LENGTH DAYS
OSUT	BENN	20150821	14	0

TOTAL TRAINING LENGTH is 14 WEEKS AND 0 DAYS.

IN ORDER FOR YOUR RESERVATION TO REMAIN VALID YOU MUST REMAIN MORALLY AND PHYSICALLY QUALIFIED FOR ENLISTMENT. PLEASE REPORT ANY CHANGES THAT AFFECT YOUR STATUS TO YOUR RECRUITER IMMEDIATELY.

TEMPORARY RESERVATION DATE: 20141111 12:02:36

PERMANENT RESERVATION DATE: 20141112 11:35:22

DEP VERIFICATION DATE:

SHIP VERIFICATION DATE:

ARRIVAL VERIFICATION DATE:

SHIP REMARKS[Job Goals](#) [Reservation Report Letter](#) [Print All](#)

[REDACTED] 11/12/2014

b6
b7C

b7E

RA Applicant Data Report

Applicant SSN [REDACTED]

Name: CLYDE BRIAN ISAACK

Report Date: 20141112

MEPS: C48

Applicant Information

Address: 8801 N FM 620 APT 1436

City: AUSTIN

State: TX

Zip: 787263527 Country: US

Phone: 0112148184077DOB: 19860930

Gender: M

Race: C

Citizenship: A NATIVE BORN

Citizenship Status: C A PERSON WHO IS A CITIZEN OF THE UNITED STATES BY BIRTH OR NATURALIZATION

Ethnic Code: Y NONE

Child Dependents: 0

Adult Dependents: 0

Driver's License Expiration:

Math: 3 ALGEBRA

Science: 2 PHYSICS

4 GENERAL MATH

1 BIOLOGY

2 PHYSICS

3 CHEMISTRY

4 GENERAL SCIENCE

Education Years: 11

Education Code: E HIGH SCHOOL SENIOR

Typing Certificate: N

Typing Words Per Minute: 0

Grade: 1

Height: 65.0

Weight: 146.0 BMI:

Physical Profile: 111121

Color Vision Test: N NORMAL COLOR VISION

MPC: E

DOS: 0

Status Obligator:

BT Completion Indicator: N

STARR: N

Source of Commission:

Recruiting Program(s): PS PA

Advanced Rank Reason:

AVSA Test Date:

AVSA Test Score:

Physical Exam. Date: 20141103

Physical Exam. Type: EN ENLISTMENT

APFT Date:

APFT Result:

Additional Physical Exam. Date:

Additional Physical Exam. Type:

TTAS Score:

TTAS Pass/Fail:

Band Aud. Test Date:

Band Aud. Test Score:

Voice Aud. Test Date:

Voice Aud. Test Result:

ASVAB Scores:

GT: 106

GM: 115

EL: 115

CL: 109

MM: 111

SC: 118

CO: 114

FA: 113

OF: 112

ST: 113

Predicted ASVAB Scores:

GT:

GM:

EL:

CL:

MM:

SC:

CO:

FA:

OF:

ST:

ASVAB Raw Scores:

MC: 58

MK: 54

AR: 48

AS: 46

EI: 77

GS: 65

AD: 56

PC: 60

VE: 58

WK: 56

ASVAB Administration Date: 20140701 Language Scores:

Miscellaneous Scores:

TAPAS CD Score:

TAPAS CD Date:

TAPAS WD Score:

TAPAS WD Date:

TAPAS AD Score:

TAPAS AD Date:

ICTL Score:

ICTL Date:

AFQT Score: 68 Predicted AFQT: AIM Score: AIM Date: SWPT Score: 0 SWPT Date:

DLPT Score:

Reading

Listening

Speaking

Language Method Score

Level

Date

Method

Score

Level

Date

Method

Score

Level

Date

Prior Service

Total Active Time in Service (YY/MM/DD):

BASD:

Last Active ETS:

Maid Skills

Enlistment Category and Reservation Information

Status: R

Enlistment Category: NPSReservation Type: E

Training Type: S

CAS: B

Enlist Date: 20150810

Term: 39

Perm. Reserv. Date: 20141112ESL Weeks: 0

RECSTA Date: 20150817

RECSTA Location: BENN BT Location:

Training Location: BENN

BAT Start Date:

Ship Date: 20150810

ETS Date: 20161129

DEP Verification Date:

User Id:

Ship Verification Date:

User Id:

Arrival Verification Date:

User Id:

Out Month: 20151127

ASPS Start Date:

Pre-Training Date:

Pre-Training Location:

Training Type: S

Enlist CMP: 11

Enlist Job: 11X1Q00YYUIC:

Temporary Reservation Date: 20141111

Assignment Arrival Date:

Reno Quantity: 0

Option: 3 ENLOC: UNCM

PAYS Position ID: 712074-8

Temporary Reservation User ID: [REDACTED]

Date Time: 20141111 12:02:35

Permanent Reservation User ID: [REDACTED]

Date Time: 20141112 11:35:22

Dep Verification Date User ID: Date Time:

Ship Verification User ID: Date Time:

11/12/2014

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Arrival Verification User ID: Date Time:

Overrides

Policy Override:

FSR25 Override:

Bat Required Override:

EXCL Reservation Override:

TOS Override:

DEP Override:

Accession Override:

Incentive Override:

Override Scope:

Remarks:

Incentive Information

Incentive: 50

Amt: 0

Credit Information

Recruiter SSN: XXXXX7122

Recruiting Station ID: AK1G

Office Code: 4K48

Guidance Counselor SSN: XXXXX1628

Update Applicant or Reservation Information

User ID: [REDACTED] Date Time: 20141112 11:35

User ID: [REDACTED] Date Time: 20141112 11:35

User ID: [REDACTED] Date Time: 20141112 11:34

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JOB QUALS INFORMATION FOR

NAME: CLYDE BRIAN ISAACK

SS: [REDACTED]

JOB: 11X1000YY INFANTRY RECRUIT

REMARKS: VEL MOS. Course Length 14 Wks/DSUT. Physical demands rating and qualifications for the initial award of infantry Recruit must possess the following qualifications: (1) A physical demands rating of very heavy. (2) A physical profile of 111221. (3) Color discrimination of red/green. (4) Correctable vision of 20/20 in one eye; 20/100 in other eye. (5) Qualifying Scores. (a) A minimum score of 27 in aptitude area CO on ASVAB test B; Formal training (completion of MOS 11C course conducted at USA Infantry School) mandatory.

QUALIFICATION POLICIES:

PHYS_PRFL_CMPST_CD >= 111221 AND CO_SCORE >= 87 AND CLR_VSN_TST_RSL_CD >= C AND CTZSP_ORIG_CD >= Y
AFQT_PCTL_NR >= 1 AFQT_PCTL_NR >= 1

[Back](#)

[REDACTED] 11/12/2014

Del Mar College
Academic Evaluation
Report Date: 01/05/18

Student: Brian J. Clyde (0478217)

Program: Non-Destructive Testing Technology (NDTT AAS)
Catalog: 2017
Anticipated Completion Date: 11/20/19
E-Mail Address: bclyde@webdmc.delmar.edu

Program Summary: (In Progress)

	Required	Current Earned	Current Remaining	Anticipated Additional	Anticipated Remaining
Institutional Credits:	15.00	9.00	6.00	0.00	6.00
Institutional GPA:	2.000	2.750	Met		
Overall Credits:	60.00	15.00	45.00	0.00	45.00
Overall GPA:	2.000	2.750	Met		
(*) Anticipates completion of in-progress courses					

Program Requirements:

1: AAS Degree, Non-Destructive Testing Technology (In progress)

Credits Earned: 9

Complete all 5 subrequirements:

A: First Semester (Not started)

Course	Title	Needed	Term	Grade	Credits	Notes
1. METL-1301	Introduction to Metallurgy	1 course needed				
2. NDTE-1471	Intro to NDT/Codes 5 Standards	1 course needed				
✓ 3. NDTE-1310	Liq Penetrant/Magnetic Testing	1 course needed				
4. NDTE-2311	Prep for Welding Inspection	1 course needed				

B: Second Semester (Not started)

Course	Title	Needed	Term	Grade	Credits	Notes
1. NDTE-2571	Adv Liq Penetrant/Magnetic Part	1 course needed				
✓ 2. NDTE-1405	Intro to Ultrasonic Testing	1 course needed				
✓ 3. ENGL-1301	Composition I	1 course needed				

C: Third Semester (Not started)

Credits Earned: 0

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Math or Life/Physical Science Core Elective (Not started)

Course	Title	Needed	Term	Grade	Credits	Notes
1.		3 credits needed				

REQUIRED COURSES (Not started)

1. NDTE-1340	Eddy Current Testing	1 course needed
2. NDTE-2401	Advanced Ultrasonics	1 course needed
3. NDTE-1371	Intro to Radiation Safety	1 course needed

D: Fourth Semester (In progress)

Credits Earned: 3

Communications (SPCH) Core Elective (Complete)

Course	Title	Needed	Term	Grade	Credits	Notes
1. SPCH-1315	Public Speaking		2017S2	B	3	

REQUIRED COURSES (Not started)*Courses Available*

NDTE-2572 2474	Advanced Eddy Current Testing	1 course needed
NDTE-2472	Advanced Radiography	1 course needed

E: Fifth Semester (In progress)

Credits Earned: 6

Am History/Govt/Polit Sci or Social/Behav Sci Core Elective (Complete)

Course	Title	Needed	Term	Grade	Credits	Notes
1. GOVT-2305	Federal Government		2017S1	A	3	

Creative Arts or Lang/Philos/Culture Core Elective (Complete)

1. MUSI-1306	Music Appreciation		2017S2	A	3	
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REQUIRED COURSES (Not started)

1. NDTE-2474	Indust Radiography Testing II	1 course needed
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Other Courses:

Course	Title	Term	Grade	Registered Credits	Earned Credits	Notes
1. MATH-1314	College Algebra	2017S1	F	3.00	0.00	
2. HIST-1301	United States History I	2017FA	W	3.00	0.00	*S(D)
3. ENGL-1301	Composition I	2017FA	W	3.00	0.00	*S(D)
4. ANTH-2346	Intro to Anthropology	2017FA	W	3.00	0.00	*S(D)
5. KINE-1125	Recreational Activities	08/21/15	CR	1.00	1.00	*TE

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6	KINE-ELEC	Kinesiology Elective	08/21/15	CR	1.00	1.00	*TE
7	KINE-1126	Martial Arts/Self-Defense Bag	08/21/15	CR	1.00	1.00	*TE
8	KINE-1306	First Aid	08/21/15	CR	3.00	3.00	*TE

(Credits in parentheses are anticipated earned)

Notes:

*S Status - Items with this status may not be applied to the program
*TE Transfer Equivalency

1/6/2018

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Brian Isaac Clyde

0476217

Email: bclayce@webmail.untdallas.edu

Where Used: APP, MAI, PER, STU

Corpus Christi TX 78412

SSN: [REDACTED]

File Options Help Auto-Create Contract Save Save All Cancel Cancel All

REG - Registration STSC - Student Schedule

Term: 2018SP

Clyde, Brian L ID: 0476217

Corpus Christi TX 78412

Search	Location	Status	Class Number	Date	Term
Instructor	Reg Room	Met Days	Start/End Time	Old Page	
NOTE-1510-200SP West Campus New 3:00 PM-10:15 PM 2018SP Page 1 of 1					
[REDACTED]	MT 108	LEC TR	08:00AM-08:30A		
	MT 108	LAS TR	08:00AM-10:00A		
NOTE-1403-000SP West Campus New 4:00 PM-10:15 PM 2018SP					
[REDACTED]	MT 108	LEC MW	08:00AM-08:30A		
	MT 108	LAS MW	08:00AM-11:30A		
ENGL-1301-000SP East Campus New 7:00 PM-10:15 PM 2018SP					
[REDACTED]	EB 216	LEC TR	12:30PM-01:00P		
ENGL-1403-000SP East Campus New 4:00 PM-10:15 PM 2018SP					
[REDACTED]	EB 108	LEC Y	08:30PM-09:20P		
	OG 106	LAS R	08:30PM-10:00P		

Continue Student Schedule

Page 1 of 1

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Brian Isaac Clyde

0476217

1 of 1

Email: bclyde@wisc.edu

Where Used: APP.MAL.PER STU

Corpus Christi TX 78412

SS: [Redacted]

File Options Help Auto-Close Context Save Save All Cancel Cancel All

RGW - Registration **RGWS - Registration Billing Summary**

Clyde, Brian L ID: 0476217

Corpus Christi TX 78412

Course Section	Title	Star	Term	Total	New Charges
1 NITE-1400-200SP	Intro to Labs	W	2018SP	\$36.00	0.00
2 NITE-1310-080SP	Lg Partnershp	W	2018SP	\$88.00	0.00
3 ENOL-1501-030SP	Composition I	W	2018SP	\$41.00	\$41.00
4 BIOL-1400-200SP	Biological Sci	W	2018SP	\$12.00	\$12.00
5					
6					
7					

Billing Period Groups	Amounts Bk Period	Total	New Charges
1 GLEBEST Out of District Table	2018SP	2,286.00	1,023.00
2			
3			
4			
5			
6			
Totals		2,286.00	1,023.00

Committer Course Section	Value: 04	1
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BIOLOGY – BIOTECHNOLOGY

Minimum degree requirements:

For the Associate in Science Degree, 60 hours chosen from the above plan to include the Core Curriculum and eight hours of 2000-level BIOL.

Students must demonstrate use of basic computer skills through CHEM 1411, CHEM 1412, BIOL 1406, BIOL 1407, or MATH 2342.

Students should check specific requirements of the college or university to which they plan to transfer.

Biotechnology

Department of Natural Sciences (361) 690-1229

The Biotechnology curriculum is designed to prepare students for a career in the biotechnology industry. There are various careers in the biotechnology industry including but not limited to biomedical or laboratory technicians, biomaterials specialists, regulatory specialists, bio-manufacturing technicians, clinical research associate, forensic science specialists, environmental health specialists, and agricultural biotechnologists. The program is also designed to provide opportunities for job advancement and retention for individuals currently employed in the field. Coursework will emphasize the basic laboratory skills including sterile techniques, laboratory mathematics, spectrophotometry, flow cytometry, recombinant DNA techniques, electrophoresis, genomics, bioinformatics, polymerase chain reaction, chromatography, protein characterization, ELISA, enzymatic assays, and electrophoresis.

BIOTECHNOLOGY LEVEL II, CERTIFICATE (Suggested Occupational Plan)

FIRST SEMESTER	
BIOL 1414	Introduction to Biotechnology I.....4
BIOL 1406	Biological Concepts I.....4
ENGL 1301	COMPOSITION I.....3
MATH 1314	College Algebra.....3
SECOND SEMESTER	
BIOL 1415	Introduction to Biotechnology II.....4
CHEM 1405	Introductory Chemistry I.....4
	OR
CHEM 1411	General Inorganic Chemistry I.....4
BTIC 1403	Principles of Biochemistry.....4
SPCH 1315	Fundamentals of Public Speaking.....3
THIRD SEMESTER	
BTIC 2386	Internship- Biol Tech/Biotechnology Lab.....3
BTIC 2431	Cell Culture Techniques.....4
	OR
BTIC 2441	Molecular Biology Techniques.....4
	OR
BTIC 2411	Biotechnology Laboratory Instrum.....4
Total Semester Hours for Certificate 36	
Courses in bold type meet General Education requirements for Del Mar College.	
Major Code: BTIC.CER	

INSTRUCTIONS & INFORMATION

When Should You Use This Form?

Use this form when:

- you're changing schools.
- you're changing your educational, professional, vocational goal.
- you left your program due to unsatisfactory attendance, progress, or conduct, and you're now reentering the same program, or
- you were receiving VA education benefits as a veteran and now wish to receive benefits while on active military duty.

INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

Item #4A: Here are some examples of what we mean by "goals":

- Educational goal: GED certificate, high school diploma, bachelor's degree, master's degree, Ph.D.
- Professional goal: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian, stenographer, machinist, electronic technician, X-ray technician, radio and
- Vocational goal: TV service technician, automobile mechanic, practical nurse.

Item #5: The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit (Direct Deposit is not available for Chapter 32 recipients). Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.directexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-228-224-2936. They will address any questions or concerns you may have and encourage your participation in EFT.

Item #6: Provide your dependents' information only if you have military service before January 1, 1977 (or delayed entry before January 2, 1978).

Item #6A: IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you become eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/va/marriage/>.

Items #11A and 11B: Make sure you sign and date these items. If you are currently on active duty, have your Education Service Officer sign and date Items 11A and 11B.

If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: www.benefits.va.gov/gibill/. Click on the "Contact Us" tab and then the "Ask a Question" tab. Or you may call us toll free at 1-888-81-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. Please call 1-800-827-1600 if you want a VA counselor to help you in planning your program.

TO FILE THIS FORM:

(A) If you have selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address. Determine the correct office from the list on page 4.

Step 2: Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

(B) If you have not selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list on page 4.

Step 2: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616 Serves the following states:			
CT	DE	DC	MA
MD	ME	NC	NH
NJ	NY	PA	RI
VA	VT	U.S. Virgin Islands	Foreign Schools
APO/FPO AA			

Central Region: VA Regional Office P.O. Box 32432 St. Louis, MO 63132-0832 Serves the following states:			
CO	IA	IL	IN
KS	KY	MH	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		

Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888 Serves the following states:			
AK	AL	AP	AZ
CA	FL	GA	HI
ID	LA	MS	NM
NV	OK	OR	PR
SC	TX	UT	WA
Guam	Philippines	APO/FPO AP	

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g. VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 38VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your continued eligibility to VA education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/Rn/PRA&Main>. If desired, you can call 1-800-GO-BILL-1 (1-888-447-4551) to get information on where to send comments or suggestions about this form.



**198TH INFANTRY BRIGADE
UNITED STATES ARMY
INFANTRY SCHOOL**



Be it known that

BRIAN ISAACK CLYDE

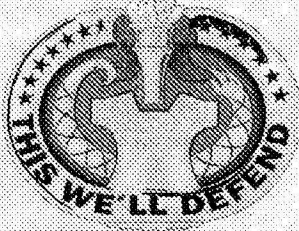
Has successfully completed individual
Infantry Training at the
198th Infantry Brigade
Course Number 5059

From 21 Aug 2015 to 27 Nov 2015

And that in testimony thereof is
awarded this

DIPLOMA

Given at Fort Benning, Georgia,
On this 27th Day of Nov 2015.



**Colonel, Infantry
Commanding**

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For Roadside Assistance: 800-531-8555

Report a claim, get coverage and deductible information, request a tow from the accident scene, schedule an appraisal or reserve a rental car using:

- usaa.com,
- USAA's Mobile App, or
- By calling **210-531-USAA (8722)**, our mobile phone shortcut number #8722 or 800-531-USAA.

02/19/19

Commonwealth of Kentucky Proof of Insurance

Keep one card in each vehicle or with the person driving. This also applies if your vehicle is a motorcycle or motor scooter.

Contact USAA if the vehicle ID number on your insurance card doesn't match the numbers on your vehicle. If your vehicle and motor vehicle registration ID numbers don't match, contact your county clerk.

We'll electronically report proof of insurance to the Department of Vehicle Regulations if our records show a Kentucky registration for your vehicle. If your vehicle ID number doesn't appear in the department's database, you're required to present your county clerk with a copy of your insurance cards for a replacement plate, decal or registration certificate or renewal.

For your convenience, additional copies of the proof of insurance cards are available on usaa.com.

FKY1 Rev 06-14

50794-0514__01



9800 Fredericksburg Road
San Antonio, Texas 78288

COMMONWEALTH OF KENTUCKY

PROOF OF INSURANCE

This card is evidence of a liability insurance policy for the vehicle referenced below.

USAA GENERAL INDEMNITY COMPANY Policy Number 04094 00 16G 7101 5
18600 Policy Type Personal

Name
BRIAN I CLYDE

Year Make/Model
2003 NISSAN

Vehicle Identification Number
1N4AL11DX3C322219

Effective Date 01/24/19

Expiration Date 07/24/19

**CONTACT US: 210-531-USAA(8722)
OR 800-531-USAA**

KEEP A COPY IN THE VEHICLE AT ALL TIMES.
Additional copies available at usaa.com



DEPARTMENT OF THE ARMY

Austin Recruiting Company
5407 N IH-35, Ste 301A
Austin, TX 78623

REPLY TO
ATTENTION OF

RCSW-SA-4K1

11 November 2014

MEMORANDUM FOR 502d Security Forces Squadron, Fort Sam Houston, Texas 78234

SUBJECT: San Antonio Military Entrance Processing Station (MEPS)

1. The following individuals will be processing through the San Antonio Military Entrance Processing Station.

- Clyde, Brian
- U.S. Army Applicant
- Processing Date: 12 November 2014

2. Point of contact for this memorandum is 1SG [REDACTED] or CPT [REDACTED]
[REDACTED] at Mobile [REDACTED] Office: [REDACTED]

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[REDACTED]

1SG, USA
First Sergeant

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USAREC Form 1202

Statement of Understanding (SOU)

Partnership for Youth Success (PaYS)

For use of this form, see AR 601-210; the proponent agency is Army G1
(For instructions using this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 3013

PRINCIPAL PURPOSE: To collect information from applicants for enlistment in the US Army and to authorize PaYS employers to access personal information of PaYS program applicants after they enter the Army.

ROUTINE USES: PaYS employers have entered into a Memorandum of Agreement with the US Army and will contact PaYS enlistment applicants during their Army service and during their transition to the civilian sector. PaYS employers are authorized by this SOU to obtain information on PaYS enlistees, including their social security number, home of record, record of military training, home address and phone number, and other information which will facilitate contact with the applicant. PaYS employers are also authorized to release information concerning individual employment status to the Army for purposes of monitoring the success of the program. Information releasable to the Army includes name, social security number, employment status, start date, and generic reasons for employment decisions regarding PaYS applicants.

DISCLOSURE: Voluntary. However, failure to authorize release of information to PaYS employers will prevent the company from contacting the individual to facilitate the employment opportunity.

1. My enlistment for this program assures me that, provided I meet required prerequisites, I will be placed in the Partnership for Youth Success (PaYS) program. The PaYS program matches acquired skills in my military occupational specialty (MOS) training with TEXAS DEPARTMENT OF PUBLIC SAFETY who has expressed interest in my skills training, and has anticipated available employment opportunities.
2. The PaYS Program is not a guarantee of employment by TEXAS DEPARTMENT OF PUBLIC SAFETY; it is an opportunity to receive priority consideration for employment. Like all employers, TEXAS DEPARTMENT OF PUBLIC SAFETY may be subject to changes in business conditions, the need for particular skills due to technological changes, and many other potential contingencies. The Army has assisted in coordinating this opportunity between TEXAS DEPARTMENT OF PUBLIC SAFETY and me, but is not party to any formal agreement.
3. The Army will not guarantee or enforce this priority consideration for employment, and TEXAS DEPARTMENT OF PUBLIC SAFETY does not guarantee employment. The PaYS Program is not a part of my enlistment agreement and does not annex my enlistment options for the purpose of any claim of unfulfilled or erroneous enlistment. All other aspects of my agreement to enlist are contained in my enlistment contract and statement of enlistment and are not contingent upon or part of the PaYS program for enlistment purposes.
4. I understand that in the event the Secretary of the Army determines that military necessity of a national scope requires that service members are available for immediate assignment and/or reassignment, any aspect of this SOU may be terminated.

NAME: CLYDE, BRIAN ISAACK

SSN [REDACTED]

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5. PaYS Partner Information:

a. Partner Point of Contact/PaYS Coordinator:

ORGANIZATION: TEXAS DEPARTMENT OF PUBLIC SAFETY
NAME: [REDACTED] (Attn: Human Resources/PaYS Coordinator)
TITLE: TROOPER RECRUITING MANAGER (PaYS Coordinator)
ADDRESS: BLDG C, 5305 N LAMAR BLVD, AUSTIN, TX 78752
E-MAIL: [REDACTED]
PHONE: [REDACTED]

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b. Job Location: Austin, TX 78711

c. Job Title: TROOPER TRAINEE

d. PaYS Job Code: 712074--8

e. Job Description: THE DUTIES OF THIS POSITION INCLUDE A SIX (6) MONTH RECRUIT TRAINING THAT CHALLENGES THE RECRUIT BOTH MENTALLY AND PHYSICALLY, INCLUDING A STRENUOUS PHYSICAL FITNESS PROGRAM. DUTIES UPON COMPLETION OF THE ACADEMY INCLUDE APPREHENDING TRAFFIC LAW VIOLATORS, INVESTIGATING MOST RURAL TRAFFIC ACCIDENTS, RECOVERING STOLEN VEHICLES/STOLEN PROPERTY, APPREHENDING WANTED PERSONS, ASSISTING OTHER OFFICERS DURING EMERGENCIES, LICENSING, AND REHABILITATING TEXAS DRIVERS. PERFORMS RELATED DUTIES AS ASSIGNED TO FULFILL THE RESPONSIBILITIES OF THE TEXAS DEPARTMENT OF PUBLIC SAFETY TROOPER. GAURANTEED DUTY ASSIGNMENT LOCATIONS THROUGHOUT THE STATE OF TEXAS, AND SUCCESSFUL GRADUATION FROM THE ACADEMY, WWW.TXDPS.STATE.TX.US 1 866 TXTROOP

f. Job Qualifications: MUST MEET THE MINIMUM AGE REQUIREMENT OF TWENTY (20) YEARS OF AGE ON THE DATE OF PROBATIONARY APPOINTMENT TO THE POSITION OF TROOPER TRAINEE AND HAVE ATTAINED THE AGE OF TWENTY-ONE (21) UPON COMMISSIONING OR DEMONSTRATE ADDITIONAL UNDERGRADUATE ACADEMIC ACHIEVEMENT. THERE IS NO MANIMUM AGE LIMIT.

6. Requirements of the PaYS Soldier:

- a. Receive an Honorable Discharge if Regular Army. Army Reservists must successfully complete their initial active duty training. This status is verified on DD Form 214, Certificate of Release or Discharge from Active Duty.
- b. Be awarded the military occupational specialty associated with your PaYS job selection.
- c. Must obtain all certification, age requirement, or licensing as specified in the job qualifications above.
- d. Retain contact with the Partner POC during enlistment using the PaYS partner information, AKO, and the PaYS Information Exchange (PIX) at www.armypays.com. If Regular Army, remember to establish an interview date with the Partner POC within 3-6 months of Expiration Term of Service (ETS). Army Reservists should establish an interview date no later than 30 days after completion of initial active duty training.
- e. Before you call your PaYS partner to set up your job interview ensure you are prepared. Soldiers should utilize ACAP for resume preparation and interview techniques.
- f. If you have questions, are unable contact your PaYS POC, extend your term of service, or decide not to pursue employment with your PaYS Partner, notify the PaYS Program Help Desk at (800)-223-3735 ext. 6-1222 or email: Army.paysprogram.helpdesk@us.army.mil

NAME: CLYDE, BRIAN ISAACK SSN: [REDACTED]

MEPS: C48

RSID: JKIG

Reservation Date: 12 Nov 2014

TYPED NAME AND SSN OF
APPLICANT

SIGNATURE OF APPLICANT

DATE

BRIAN ISAACK CLYDE

20141112

Brian Clyde

TYPED NAME AND GRADE OF
COUNSELOR

SIGNATURE OF WITNESSING OFFICIAL DATE

20141112

2014111211:49

1202 RA

Page 3 of 3

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FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1618545-000

Total Deleted Page(s) = 181

Page 19 ~ Duplicate;
Page 21 ~ Duplicate;
Page 23 ~ Duplicate;
Page 25 ~ Duplicate;
Page 27 ~ Duplicate;
Page 29 ~ Duplicate;
Page 31 ~ Duplicate;
Page 33 ~ Duplicate;
Page 35 ~ Duplicate;
Page 37 ~ Duplicate;
Page 39 ~ Duplicate;
Page 41 ~ Duplicate;
Page 43 ~ Duplicate;
Page 45 ~ Duplicate;
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STATEMENT FOR ENLISTMENT
UNITED STATES ARMY ENLISTMENT PROGRAM
U.S. ARMY DELAYED ENLISTMENT PROGRAM
For use of this form see AR 601-210; the proponent agency is DCS G1.
(For instructions using this form see USAREC Reg 601-96)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 275 Executive Order 9397.

PRINCIPAL PURPOSE: Basic form used to record contractual obligations to enlistees. Guarantees and annexes enlistment contract.

ROUTINE USES: This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of this form are internal to the United States Army.

DISCLOSURE: Disclosure of the Social Security Number: (SSN) and other personal information is voluntary. However failure to provide the required information may result in denial of enlistment or reenlistment.

1. ACKNOWLEDGMENT. In connection with my enlistment in the Regular Army, I hereby acknowledge that:

a. My enlistment in the U. S. Army Reserve obligates me to a total of 8 years service in the U. S. Armed Forces, including service in the Reserve Components, unless sooner discharged by proper authority. Fulfillment of this obligation begins on the date of enlistment into the Delayed Entry Program.

b. I will be assigned to the U. S. Army Reserve Control Group (Delayed Entry). During which time I will be in a non-pay status and will not be authorized to participate in any Reserve training.

c. I volunteer to serve on active duty for two years in any job assignment specified by the Army. Such period to begin within 270 days unless I enlist into the Regular Army, or I am granted further delay by proper authority.

d. In lieu of performing the active duty specified above, I may enlist into the Regular Army for a period of 3 years and 16 weeks

2. Upon enlistment into the Regular Army, I will be enlisted under the provisions of Army Regulation 601-210. Program or programs as indicated below:

PROGRAM	TITLE	REQUEST OPTION
9A	United States ARMY Training Enlistment Program(UNCM)	03
9C	United States ARMY Incentive Enlistment Program(US ARMY PARTNERSHIP FOR YOUTH SUCCESS (PAYS) PROGRAM)	050

School course, I have been assured of attending the School course for:

Within career management fields (CMF): 31X Infantry Recruit
Skill Level: 1

SQI:0 No Special Qualifications

ASI:00 Default Code

Language: YY None

- a. In the event, through no fault of my own, that my enlistment, program school course, or training of my choice is cancelled or otherwise not available before I enlist into the Regular Army, I will elect one of the following alternatives:
- (1) I will elect another program, School Course, or training of my choice for which I am qualified and a vacancy exists.
 - (2) I will be separated from the Delayed Entry Program.
3. The date of my enlistment into the Regular Army is scheduled for 10 Aug 2015.
- a. I have provided complete, detailed, and accurate background information in regards to my controlled drug and alcohol use, financial, moral, and physical history. This information will be used to determine my eligibility for the necessary security clearance if required by an MOS, option, or duty assignment in connection with my enlistment. I understand that if it is determined that I have knowingly failed to reveal information at the time of my enlistment, or I have significant derogatory information, which results in my inability to receive an interim or final security clearance within 120 days from the submission date of my request for a clearance, I may be reclassified based on the needs of the Army or processed for discharge.
- b. I certify that I have read and understand the applicable information in AR 601-210 for the Enlistment Programs I am enlisting for.
- c. I understand that I will be trained in either MOS 11B1, 11C1, or 11M1 and that MOS 11X1 is an enlistment MOS only. I further understand that the MOS I will be trained into is based upon the selection criteria determined by the Department of the Army while I am attending Basic Training.
- d. I certify that I am currently enrolled as a senior in high school and I understand that my enlistment into the Army Future Soldier Program is contingent upon my successful completion of high school. If my delayed enlistment exceeds 365 days I understand and agree to a delayed enlistment into the Regular Army that exceeds 365 days in the Delayed Entry Program which has been approved by the local Recruiting Battalion Commander. I further acknowledge that upon my enlistment into the Future Soldier Program that I will also be volunteering to a concurrent extension beyond 365 days. My date to report for enlistment into the Regular Army is annotated above.
4. I have been advised that my enlistment into the Army will entitle me to choose certain educational benefits, specifically either the Montgomery GI Bill or the Post 9-11 GI Bill. I understand that should I elect the Student Loan Repayment Program that I will be disenrolled from both GI Bill options.
5. I understand that I will be further briefed during my in-processing at the US Army Reception Battalion, and at that time I will be afforded the opportunity to enroll in the GI Bill program best suited for me, after I have been provided a briefing on the GI Bill options. I further understand that this briefing will address the individual payroll contribution for the MGRB, length of service requirements and transferability of benefits to other family members for the Post 9-11 GI Bill, and monthly benefits once I reach eligibility status.
- a. I have provided my recruiter or and Guidance Counselor all information required on my application for enlistment. I certify that I have read and fully understand the contents of this form and that no one has told me to conceal any information. I further state that all of the documents such as my birth certificate, high school or college transcripts, diplomas, social security card, or other documents in my enlistment or appointment packet are mine and were not falsified. It is prohibited to have anyone assist me in taking the Armed Services Vocational Aptitude Battery (ASVAB). I certify that no one has given me any answers to the test questions and that the scores I achieved were through my own efforts and I received no assistance taking the ASVAB.
- (1) I am aware that I must reveal all criminal offenses, cases, and arrests to include juvenile and those charges that have

been expunged, dismissed, set aside, or not prosecuted, I must reveal all responsibilities I have with respect to children or spouse. I must reveal all prior military service.

- (2) I have not concealed any medical information, nor have I been told by anyone (judge, lawyer, any Army personnel, family, friends, etc.) that you do not have to list a charge because the charge(s) were dropped, dismissed, not filed, expunged, stricken from the record or were juvenile related. I further state that if anyone has told me to conceal, omit from my application, or falsify any information I must report any misconduct on anyone's part that is involved with my recruiting process immediately to the recruiting battalion executive officer.
- (3) That no person has advised me to conceal any information with respect to my enlistment.
6. I understand that in the event the Secretary of the Army determines for military necessity of national interest members be available for immediate assignment/reassignment any guarantees contained in this agreement may be terminated. Under these conditions I may be assigned or reassigned according to the needs of the Army.
- a. My enlistment for this program assures me that, provided I meet required prerequisites, I will be placed in the Partnership for Youth Success (PaYS) Program, matching my acquired skills in my military occupational specialty (MOS) training with an interested employer who has expressed interest in my skills training and has anticipated available employment opportunities.
- (1) I understand that the PaYS agreement is a private agreement between a prospective future employer and me, and that the Army will not guarantee or enforce this agreement. Like all employers, PaYS employers may be subject to changes in business conditions, the need for particular skills due to technological changes, and many other potential contingencies. The Army has assisted in coordinating an agreement between this prospective future employer and me, but is not a party to the agreement.
- (2) This program is being offered as an opportunity to begin a relationship with a PaYS employer. The agreement with the employer is not a part of my enlistment agreement and does not annex my enlistment options for the purpose of any claim of unfulfilled or erroneous enlistment. All other aspects of my agreement to enlist are contained in my enlistment contract and statement of enlistment and are not contingent upon or part of the PaYS Program for enlistment purposes.
7. Exceptional Family Member Program
- a. I understand that the assignment location for which I have enlisted is subject to change if either my spouse or dependent child(ren) are enrolled in the Exceptional Family Member Program (EFMP) for medical reasons, meaning that one or more of my family members require medical treatment that may not be available at all military medical treatment facilities (MTF). I further understand that if my original assignment option is changed due to that installation's MTF not being able to provide the proper care for my family member(s), I will be assigned to another installation where proper medical care is available, based on the Army's need for a Soldier of my military occupational specialty and rank at that installation.
- b. I understand that if I have not enlisted for a guaranteed assignment and either my spouse or dependent child(ren) are enrolled in the EFMP, my future assignment(s) will be determined based on availability of proper medical care for my family member(s) and the needs of the Army.
8. Pre-Basic Combat Training (BCT) Physical Training (PT) Program
- a. I understand and acknowledge that all recruits reporting for Active Duty/Active Duty for Training will be required to meet a physical assessment standard in order to enter on active duty. At a minimum, I must be able to demonstrate my ability to successfully perform: 13 pushups for males, 3 pushups for females, 17 sit-up for males and females and a one mile run in 8:30 minutes for males and 10:30 minutes for females. In addition, Prior Service applicants not requiring basic training will be required to successfully achieve a minimum of 60 points in each event on the Army Physical Fitness Test (APFT).
- b. Based upon my initial assessment, my recruiter will enroll me in a self-paced Pre-Basic Combat Training (BCT) Physical Training (PT) Program. I understand and acknowledge that as a member of the Army or Army Reserves, my participation in the PT program is voluntary; however, I will be required to meet a physical assessment standard in order for me to enter on

active duty. Failure to meet these standards will prevent me from shipping.

9. ARMY KNOWLEDGE ONLINE:

- a. You must register for an AKO email account prior to your Initial Orientation with your recruiter which will occur 1-10 days from today's date. You must register for your account at: <http://www.futuresoldiers.com/html/registration.jsp>. You are required to enter your Social Security Number, Date of Birth and Pay Entry Basic Date. Your Pay Entry Basic Date is: **10 Aug 2015**.

10. UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT NOTICE

- a. You have the right to be reemployed in your current civilian job if:
- (1) You leave that job to perform duty in any uniformed service; and,
 - (2) You provide your employer advance written or verbal notice of your service obligation; and,
 - (3) Your absence from work by reason of military service does not exceed five years (some exceptions exist); and,
 - (4) You return to work or apply for reemployment in a timely manner after conclusion of service; and,
 - (5) You have not been separated from service with a disqualifying discharge or under less than honorable conditions.
- b. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DO or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

11. SURE PAY:

- a. As part of my enlistment contract, I hereby acknowledge and agree that I have the duty and responsibility, to establish and maintain an account with a United States financial institution such as a bank, savings and loan, or credit union for the direct deposit/receipt of my Army net pay and allowances. I will have in my possession a completed direct deposit form from a financial institution, an ATM Card and or checks prior to shipping to access funds during training.
- b. I understand that prior to reporting on Active Duty, I am required to establish an account with the U. S. financial institution for direct deposit/receipt of my Army net pay and allowances, and execute the appropriate forms prior to or immediately to ensure my Army net pay and allowances are deposited directly into my account. I understand I may freely choose or change U. S. financial institutions to satisfy this requirement. I understand that I will continue to have the duty and responsibility to maintain such an account for direct deposit/receipt of my Army net pay allowances so long as I remain in service, unless I receive a specific exemption from this requirement from the Army. I understand that failure to establish and maintain an account as described above, in the absence of a specific exemption, may subject me to administrative action and/or disciplinary action under the Uniform Code of Military Justice or state military code.

12. ALCOHOL AND DRUG ABUSE:

- a. I understand that the Army's policy on alcohol and drug abuse is that the Army must prevent alcohol and drug abuse in order to perform its mission to defend the United States, to ensure its combat readiness, and to protect the health and welfare of its soldiers. I understand that service in the United States Army places me in a position of special trust and responsibility. Any drug abuse by soldiers of the United States Army is against the law, violates Army standards of behavior and duty performance, and will not be tolerated. Alcohol abuse involving criminal acts or conduct detrimental to the Army or good order and discipline will also not be tolerated. The illegal use of narcotics, or prescription drugs, or any use of marijuana or other illegal substances by soldiers can lead to criminal prosecution and/or discharge under other than honorable conditions. If I am identified for either alcohol or drug abuse, including the use or possession of marijuana, appropriate disciplinary and/or administrative action may be taken against me. This may include trial by court-martial or administrative separation.

from the Army.

- b. I understand that certain Military Occupational Specialties (MOS) in the Army cannot be performed by persons who have used marijuana or other drugs. If it is established that I have used drugs or marijuana and that usage disqualifies me for the MOS for which I entered the ARMY or have been awarded, I may be reclassified into another MOS based on the needs of the Army.

13. RELIGIOUS PRACTICE ACCOMMODATION:

- a. Department of Defense Policy is to accommodate religious practices when accommodation will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline, or otherwise interfere with the performance of the members military duties.
- b. The Army places a high value on the rights of its members to observe the tenets of the respective religions.
- c. Unit commanders are authorized to initially approve or deny requests for accommodation of religious practices. While local commanders may grant some accommodations for the wear of certain religious headgear in some circumstances, they may not approve religious accommodations for Army personal grooming or uniform standards. Conditions of accommodation may change based on military needs.
- d. Policy guidelines are contained in AR 600-20 (Army Command Policy and Procedures) and AR 165-1 (Chaplain Activities). Additional policy guidelines with respect to personal appearance and grooming is outlined in AR 670-1, 1-7 and 1-8. Exceptions to policy for hair and grooming practices or accommodations related to grooming based on religious practices will not be granted.
- e. By signing this enlistment annex, I understand that the Army cannot guarantee accommodation of religious practices.

14. FITNESS TRAINING UNIT:

- a. I understand that all recruits reporting for Basic Combat Training (BCT) and One Station Unit Training (OSUT) will be assessed on their physical fitness during processing at the Reception Battalion.
- b. The new soldiers not meeting the minimum standards listed below will enter the Fitness Training Unit. Those who meet or exceed the standards will proceed on to BCT/OSUT. The minimum standards are:

Push-up:	13 repetitions
Sit-up:	17 repetitions
1 Mile Run:	8 min 30 sec.

15. The Army Weight Control Program (AWCP):

- a. I understand that initial entry weight and Body fat percentage are governed by the standards of the Army Regulation 40-501 (Standards of Medical Fitness). I further understand that after entry Soldiers are required to meet retention body fat standards which are governed by Army Regulation 600-9 (The Army Weight Control Program) and are less than allowable enlistment body fat standards. I understand that:
- (1) Army Regulation 600-9 (The Army Weight Control Program) contains body fat standards which I will be required to meet after entry into Active Army, Army Reserves, or Army National Guard.
- (2) Soldiers have 6 months from date of entry into the Active Army, Army Reserves, or Army National Guard to meet the body fat standards of Army Regulation 600-9. Soldiers who fail to meet these standards at that time will be entered in

the Army Weight Control Program, which may adversely impact the ability to be promoted, receive awards and attend military schools.

- b. I understand that I may access the Army Weight Control policy for further review at URL <http://www.apd.army.mil/pdf/af600-9.pdf>.

16. SEXUAL HARASSMENT:

- a. The U.S. Army will not condone any person who violates the rights of, or discriminates against, any person because of their gender. Further, I understand that:
- (1) Sexual harassment is a form of gender discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career;
 - (2) Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person; or such conduct interferes with an individual's performance or creates an intimidating, hostile, or offensive environment;
 - (3) Any soldier or civilian employee in a supervisory or command position who uses or condones implicit or explicit sexual behavior to control, influence, or affect the career, pay, or job of another soldier or civilian employee is engaging in sexual harassment. Who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature is engaging in sexual harassment. Sexual harassment is not limited to the workplace, can occur at almost any place, and violates acceptable standards of integrity and impartiality required of all Army personnel. It interferes with mission accomplishment and unit cohesion. Such behavior by soldiers or Army civilians will not be tolerated.
 - (4) I fully acknowledge that I have the duty and responsibility to report immediately any violation of the above stated policy. In addition, I acknowledge that I am aware of the Army policy stated above and any violation could be grounds for adverse action or criminal charges under the Uniform Code of Military Justice. If a violation of the above policy occurs while I am a member of the Delayed Entry/Training Program, I may contact the U.S. Army Recruiting Battalion Executive Officer or Commander at (210) 295-0622.
- b. The U.S. Army has zero tolerance for conduct or behavior that violates the policy stated above.
- c. The Army policy stated above may be found in Army Regulation 600-20, Army Command Policy.

17. PROHIBITED ACTIVITIES:

- a. I understand that the U.S. Army strictly prohibits any social activity of a personal, unofficial nature between U.S. Army Recruiting Command personnel and members of the Future Soldier Program. Prohibited activities include:
- (1) Any type of romantic or sexual conduct.
 - (2) Sharing of lodging.
 - (3) Sharing of a personal vehicle.
 - (4) Drinking of alcoholic beverages.
 - (5) Personal employment, such as babysitting and maintenance work.
 - (6) Exchange of money; to include loaning, giving, receiving, or borrowing.
 - (7) Exchange of personal property; to include selling, purchasing, leasing, giving, receiving, loaning, and borrowing.

- b. I understand that Future Soldier Program functions are official in nature and are not considered personal, social activity; therefore, the above rules still apply to those functions.
- c. I understand that if I become aware of any recruiting personnel violating any of these rules, I will report it immediately to the Battalion Executive Officer whose telephone number is: (210) 295-0622.
- d. I understand that between recruiting personnel and Future Soldiers there will be no sex, no dating, no sleepovers, no sharing of property, no drinking of alcohol, no financial deals, no improper touching, no profane language, no verbal sexual suggestions, and no sexual harassment.

18. PARTICIPATION IN EXTREMIST ORGANIZATIONS OR ACTIVITIES:

- a. I have been advised that participation in extremist organizations or activities is inconsistent with the treatment for all soldiers without regard to race, color, religion, sex, or national origin. Enforcement of responsibilities of military service. It is the policy of the U.S. Army to provide equal opportunity and the Army's equal opportunity policy is a responsibility of command, is vitally important to unit cohesion and morale, and is essential to the Army's ability to accomplish its mission. It is the commander's responsibility to maintain good order and discipline in the unit. Every commander has the inherent authority to take appropriate actions to accomplish this goal. This paragraph identifies prohibited actions by soldiers involving extremist organizations or activities, discusses the authority of the commander to establish other prohibitions, and establishes that violation of the prohibitions contained in this paragraph or those established by a commander may result in prosecution under various provisions of the Uniform Code of Military Justice (UCMJ).
- (1) Participation. Military personnel must reject participation in extremist organizations and activities. Extremist organizations and activities are ones that advocate racial, gender, or ethnic hatred or intolerance; advocate, create, or engage in illegal discrimination based on race, color, sex, religion, or national origin; advocate the use of or use force or violence or unlawful means to deprive individuals of their rights under the United States Constitution or the laws of the United States or any State; or advocate or seek to overthrow the Government of the United States, or any State by unlawful means.
- (2) Prohibitions. Soldiers are prohibited from the following actions in support of extremist organizations or activities. Penalties for violation of these prohibitions include the full range of statutory and regulatory sanctions, both criminal (Uniform Code of Military Justice (UCMJ)) and administrative.
- (3) Participating in a public demonstration or rally
- (4) Attending a meeting or activity with knowledge that the meeting or activity involves an extremist cause when on duty, when in uniform, when in a foreign country (whether on- or off-duty or in uniform), when it constitutes a breach of law and order, when violence is likely to result, or when in violation of off-limits sanctions or a commander's order;
- (5) Fund-raising;
- (6) Recruiting or training members (including encouraging other soldiers to join);
- (7) Creating, organizing, or taking a visible leadership role in such an organization or activity; or
- (8) Distributing literature on or off a military installation the primary purpose and content of which concerns advocacy or support of extremist causes, organizations, or activities and it appears that the literature presents a clear danger to the loyalty, discipline, or morale of military personnel, or if the distribution would materially interfere with the accomplishment of a military mission.
- b. I acknowledge that I have read and fully understand the Army's policy regarding a soldier's participation in extremist organizations or activities. If I request, a complete copy of AR 600-20, paragraph 4-12, will be provided to me.

19. UNIFORM AND APPEARANCE:

a. I acknowledge that I have been informed of the U.S. Army uniform and appearance policy. I understand that:

- (1) AR 670-1 (Wear and Appearance of Army Uniforms and Insignia) contains personal appearance policies which I will be required to comply with. Soldiers are expected to maintain good daily hygiene and wear their uniform so as not to detract from an overall military appearance.
- (2) I have been informed that provisions of AR 670-1 as it applies to personal appearance include specific policy with regard to tattoos and brands.
- (3) The current policy is as follows:
 - (a.) Any person with a tattoo or brand on the head, face, neck (anything above the t-shirt line to include on/inside the eyelids, mouth, and ears), wrists, hands or fingers are prohibited. Any tattoo or brand deemed extremist, indecent, sexist or racist and/or linked to a criminal activity or extremist group may be denied enlistment.
 - (b.) Soldiers may have no more than four visible tattoos below the elbow (to the wrist bone) or below the knee. The tattoos in these areas must be smaller than the size of the wearer's hand with fingers extended and joined with the thumb touching the base of the index finger. The total count of all tattoos in these areas may not exceed a total number of four.
 - (c.) A band tattoo is a tattoo that fully encircles the circumference of the body part. Band tattoos may be no more than two inches in width. Each band tattoo counts as one authorized tattoo (see para 3-3c(2)). Soldiers may have a total of one visible band tattoo on the body. The band tattoo may either be below one elbow (above the wrist bone) or below one knee.
 - (d.) A sleeve tattoo is a tattoo that is a very large tattoo or a collection of smaller tattoos that covers or almost covers a person's arm or leg. Sleeve tattoos are not authorized below the elbow or below the knee.
 - (e.) Any person who is not in compliance with AR 670-1 as it applies to tattoos and brands will not be accepted for enlistment in the US Army.
- (4) Body mutilation. Willful mutilation of the body or any body part in any manner is prohibited. Examples include but are not limited to tongue splitting or ear gauging.
- b. I have been advised that while a member of the US Army, to include the Delayed Entry Program, I may not violate the above policy. I will refrain from obtaining tattoos or brands or I may be denied entry for violation of the above expressed policy.
- c. I hereby state I have revealed the existence of all tattoos and brands during my medical examination. I have further revealed to my recruiter, or guidance counselor that I have tattoos/brands.

I DO NOT HAVE ANY TATTOOS.

AUTHENTICATION

20. I have read and understand the statements above and that these statements are intended to constitute ALL promises and guarantees whatsoever concerning my enlistment. No other (verbal or otherwise) promise or representation not annexed to my enlistment contract is valid or will be honored. I hereby state that I have NOT been promised anything other than what is written on this form and hereby waive any claim based upon any promise or representation not annexed to my contract. I further state that I have provided my recruiter and guidance counselor all information concerning my qualifications and that no official in the U.S. Army or any other agency has advised me to conceal, nor have I concealed information in connection with my enlistment.

NAME: CLYDE, BRIAN ISAACK SSN: [REDACTED]

b6
b7C

TYPED NAME AND SSN OF
APPLICANT

SIGNATURE OF APPLICANT

DATE

BRIAN ISAACK CLYDE

20141112

Brian Clyde

TYPED NAME AND GRADE OF
COUNSELOR

SIGNATURE OF WITNESSING OFFICIAL DATE

20141112

b6
b7C



State of Texas
Academic Achievement Record

03/10/17

Name: CLYDE, BRIAN I
Student ID: 005583803 SSN: [REDACTED]
Birth Date: 09/30/99 Gender: Male
Eth/Race: Not Hispanic/Latino

District: LEANDER ISD
School: VANDEGRIFT HIGH SCHOOL
School Address: 9500 MCNEIL DR
AUSTIN TX 78750
School Phone: 512 570-2300 CBCC: 440363

Parent/Guard: [REDACTED]

Exit Level Assessment
Algebra I: SPRING 2012
Geometry: SPRING 2012
U.S. History: SPRING 2014
English: FALL 2012
Science 2: SUMMER 2013

Schools Awarding Credit
08/10 057805-056 12/13 246915-015
10/11 027909-056 13/14 146913-002
11/12 246915-005 14/15 246915-005

Language Arts	SRVID	S E	S1	S2	AV	CR	Tech Appl	SRVID	S E	S1	S2	AV	CR
11/13 ENG 1	03220100		85	85	85	1.0	13/14 TACS1	03580300		75	86	75	1.0
12/13 ENG 2	03220200			87	83	1.0	13/14 TAMSAD	03580300		82	84	88	1.0
13/13 ENG 2	03220300		85			0.0	Career/Tech Ed						
13/14 ENG 3	03220300		81	78	80	1.0	11/13 BUSIM1	13011400	A	88	93	86	1.0
14/15 ENG 4	03220400		86	82	84	1.0	11/12 IED	N1303742		92	95	84	1.0
Speech							12/13 PDE	N1303743		76	85	22	1.0
12/13 SC444APP	03541400		86		86	0.5	14/15 ASHAT	13038300		92	96	26	1.0
Mathematics							14/15 CULARTS	13022900		83	83	83	1.0
11/13 ALG 1	03100300		82	84	80	1.0	14/15 ASH2	N1303725		87	89	88	1.0
13/13 GCOM	03100300		80	84	82	1.0	Other Electives						
13/14 ALG 2	03100300		73	74	74	1.0	13/14 RGTIC 2	03160200		81	82	82	1.0
14/15 INST/UMTH	03100300		75	74	75	1.0	14/15 RGTIC 4	03160400		82	84	84	1.0
Science													
11/12 BID	03010300		82	81	82	1.0							
12/13 CHEM	03040300		75	73	74	1.0							
13/14 PHYSICS	03060300		78	78	78	1.0							
14/15 ESS	03060300		85	83	84	1.0							
Social Studies													
11/13 W GEO	03320100		87	86	86	1.0							
12/13 WHIST	03340400		88	88	88	0.5							
12/13 APWHIST	A0370100		74		74	0.5							
13/14 US HIST	03340100		98	99	92	1.0							
14/15 GOVT	03340100		80	80	80	0.5							
Econ/Free Ent													
14/15 ECO-FE	03310300		85		85	0.5							
Health													
12/13 HLTH ED	02810100		82	82	82	0.5							
P.E. Equivalent													
11/12 PEFOUND	PES00002			100	100	0.5							
12/13 SUBJ1	PES00004		85	81	83	1.0							
Other Languages													
08/10 LEI 4-PS	03441000	J	80	78		0.0							
10/11 LEI 4-PS	03441000	J	72	76		1.0							
11/12 SPAN2	03440200		78	83	81	1.0							
Fine Arts													
12/12 TAP	03230100		81	81	81	1.0	Credit Totals						
13/14 TNPROD	03230700		85	82	85	1.0	State	82.5					
							Local						

Rank Date: 05/07/15 Date of Certificate of Coursework Completion:
Rank: 353 Class Size: 423 Date of Graduation: 06/04/15
GPA: 3.657 Quarter: 4th Graduation Program type: Recommended HS Program
Texas Grant Indicator: (1-ELIGIBLE)
Signature and Title of School Official:

Note: A=Accelerated credit course; B=Correspondence course; C=Dual credit course; E=Credit by exam as of August 2013; G=Gifted/Talented; H=Honors; I=IB; J=Course completed prior to grade 10; K=Pre-B; L=Local credit; M=Magnet course; N=Night School; P=AP Course; Q=Pre-AP course; R=Course completed in summer school; T=Credit by exam (70%); X=Innovative course; Z=Distance learning
1=PE equivalent or waiver; 2=CIE course exception for technical application credit; 3=Transfer credit from non-14 public school; 4=CTE course satisfies other graduation requirement; 7=100% pass physical activity; 8=week for English; 9=Course other than LOTE; 10=Course for FHEP; 11=Course for 4th science; 12=AP/IB course; 13=AP/IB course; 14=AP/IB course; 15=AP/IB course; 16=AP/IB course; 17=AP/IB course; 18=AP/IB course; 19=AP/IB course; 20=AP/IB course; 21=AP/IB course; 22=AP/IB course; 23=AP/IB course; 24=AP/IB course; 25=AP/IB course; 26=AP/IB course; 27=AP/IB course; 28=AP/IB course; 29=AP/IB course; 30=AP/IB course; 31=AP/IB course; 32=AP/IB course; 33=AP/IB course; 34=AP/IB course; 35=AP/IB course; 36=AP/IB course; 37=AP/IB course; 38=AP/IB course; 39=AP/IB course; 40=AP/IB course; 41=AP/IB course; 42=AP/IB course; 43=AP/IB course; 44=AP/IB course; 45=AP/IB course; 46=AP/IB course; 47=AP/IB course; 48=AP/IB course; 49=AP/IB course; 50=AP/IB course; 51=AP/IB course; 52=AP/IB course; 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784=AP/IB course; 785=AP/IB course; 786=AP/IB course; 787=AP/IB course; 788=AP/IB course; 789=AP

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- Registering to receive electronically.
- Integrating Parchment Receive Service with your online application workflow.
- Retain and extend administrative control through role-based security, email notifications, comprehensive reporting and a fully FERPA compliant environment.

When you visit exchange.parchment.com/d/, you can also learn about **Parchment Send Service** which provides flexible transcript processing options, a secure and intuitive online workflow for students and alumni, full tracking, notifications and reporting. Parchment Send Service supports the capture and transmissions of surcharges for students and alumni requests and includes custom configuration options for approval, personalization options for transcript layout and institutional analytics that are specific to key stakeholders.

If you would like to start receiving transcripts electronically through Parchment Receive at no cost, please sign up here: <http://exchange.parchment.com/highered-reg/>. If you have any questions about the Parchment Exchange platform, please contact us at info@parchment.com.

Attn: Brian Clyde
Brian Clyde
2002 Airline Rd. Apt# 2006
Corpus Christi TX 78412
UNITED STATES



Department of Veterans Affairs

REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT (Last, First, Middle) <i>Chide, Brian, Isaac</i>		VA DATE STAMP DO NOT WRITE IN THIS SPACE
1B. MAILING ADDRESS (Complete caren address, City, State, and 5-digit ZIP Code) <i>4002 Airline Rd, Lufkin Christi, Texas, 76412</i> <i>APT #2006</i>		
1C. APPLICANT'S TELEPHONE NUMBER (Including Area Code) DAY [REDACTED] EVENING [REDACTED]	1D. VA FILE NUMBER	
1E. APPLICANT'S E-MAIL ADDRESS [REDACTED]		1F. SOCIAL SECURITY OF APPLICANT (For transferability rules, enter the veteran's social Security number) [REDACTED]

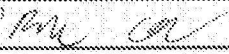
PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE (Only Select One)		
A. ☒ CHAPTER 35 (Post-9/11 GI Bill)	C. ☐ CHAPTER 32 (Veterans Educational Assistance Program including section 913)	E. ☐ CHAPTER 1607 (Reserve Educational Assistance Program)
B. ☐ CHAPTER 30 (Montgomery GI Bill - Active Duty)	D. ☐ CHAPTER 1606 (Montgomery GI Bill - Selected Reserve)	F. ☐ TRANSFER OF ENTITLEMENT PROGRAM
3. HOW WILL YOU TAKE TRAINING?		
A. ☒ SCHOOL ATTENDANCE	G. ☐ COOPERATIVE TRAINING	I. ☐ LICENSING & CERTIFICATION TEST
B. ☐ CORRESPONDENCE	H. ☐ TUITION ASSISTANCE TOP-UP (Active Duty Only)	J. ☐ NATIONAL ADMISSIONS EXAMS OF NATIONAL EXAMS FOR CREDIT
C. ☐ APPRENTICESHIP OR ON-THE-JOB TRAINING	F. ☐ FLIGHT TRAINING	
3A. WHAT EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? <i>Associate's Degree</i>		3B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING? <i>Non Destructive Testing Technology</i>
3C. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (If applicable)		3D. PROVIDE NAME AND COMPLETE ADDRESS OF PREVIOUS SCHOOL OR TRAINING ESTABLISHMENT (If only changing schools, list current school.)
4E. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT (CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY). <i>Stopped training at [REDACTED] because [REDACTED]</i> <i>NOT PERMITTED FOR NEW degree plan</i>		

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT (Complete this form only if you wish to start, change or stop direct deposit.) NOTE: To prevent possible delays in payment, claimants are highly encouraged to use Direct Deposit and set up an Electronic Fund Transfer (EFT). Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (VEAP - Chapter 32) nor for Section 903.		
☐ START OR CHANGE EFT (Please attach a voided personal check or provide the information in items A through D below.)		
☐ STOP EFT		
A. TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS		
B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER

b6
 b7C

PART IV - MISCELLANEOUS INFORMATION				
6. INFORMATION ON DEPENDENTS (COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 for had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.)				
QUESTIONS		YES	NO	
A. ARE YOU CURRENTLY MARRIED?		☐	☒	
B. DO YOU HAVE ANY CHILDREN WHO ARE:				
(1) UNDER AGE 18 OR		☐	☒	
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		☐	☐	
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?		☐	☐	
C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		☐	☒	
7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for each period of active service. (Don't report Active Duty for Training.)				
A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If not send in copies of your orders)		D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?
		YES	NO	
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		☐	☐	
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NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL PURSUEH, ARREST WITHOUT ACQUITTAL, BEHNS ANGL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)				
8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFIT(S)? (Answer only if you are a Federal Government employee)				
☐ YES ☐ NO				
9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (Answer only if you are on Active Duty)				
☐ YES ☐ NO				
10. REMARKS				
PART V - CERTIFICATION AND SIGNATURE OF APPLICANT				
(CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.				
PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.				
11A. SIGNATURE OF APPLICANT (DO NOT PRINT) SIGN HERE IN INK 				11B. DATE SIGNED 11/20/2019

**BASIC SECURITY OFFICER TRAINING COURSE
LEVEL THREE
CERTIFICATE OF COMPLETION**

Brian Isaack Clyde

Name

[Redacted]

(Registration Number or Social Security Number (last 8 digits) of student)

This certifies that the above-named individual has completed the Basic Security Officer Training Course approved by the Private Security Program.

Loss Prevention Texas

School Name

[Redacted]

F01282

School Approval Number

[Redacted]

Classroom Instructor Approval Number

[Redacted]

Firearm Instructor Approval Number

March 30, 2017

Course Completion Date

March 30, 2017

Firearm Qualification Date

SAVSTG

Firearm Category

9mm/12ga

Firearm Caliber

**Private Security Program
Certificate of Completion
Level Two Training Course**

This certificate is issued as proof that

Brian Isaack Clyde

(Please print or type name and Registration Number or social security number (last 5 digits) of student)

**has successfully completed the Board approved, PSP Level Two Training Course
to meet the standards and requirements set forth in Texas Occupations Code,
Section 1702, Title 10 and Administrative Rules.**

School or Company Name: Loss Prevention Texas

School Approval or Company License Number: F01282

Date of Completion: March 17, 2017

Name of Instructor:

Name of Qualified Manager:

Signature of Instructor:

Signature of Qualified M



The
American
Society
for
Nondestructive
Testing

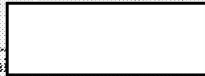
Brian Clyde

is granted this

Certificate of Membership

in this organization, which is dedicated to the
development and perpetuation of the highest standards
of professional service and efficiency in the field of
nondestructive testing.

Chair



February 1, 2018

Date

b6
b7c

Del Mar College
Corpus Christi, Texas
Nondestructive Testing Technology



Certificate of Completion

This is to certify that

Brian Clyde

Has successfully completed formal training in
Liquid Penetrant Inspection Level I and II In
accordance with NAS-410 & SNT-TC-1A (288 Hours)



30th Day of December 2018

Date of Completion

b6
b7C

Del Mar College
Corpus Christi, Texas
Nondestructive Testing Technology



Certificate of Completion

This is to certify that

Brian Clyde

Has successfully completed formal training in
Ultrasonic Inspection Level I and II In
accordance with NAS-410 & SNT-TC-1A (288 Hours)



30th Day of December 2018

Date of Completion

b6
b7c

Del Mar College
Corpus Christi, Texas
Nondestructive Testing Technology



Certificate of Completion

This is to certify that

Brian Clyde

Has successfully completed formal training in
Eddy Current Inspection Level I and II In
accordance with NAS-410 & SNT-TC-1A (288 Hours)



1st Day of June 2019

Date of Completion

b6
b7C

Del Mar College
Corpus Christi, Texas
Nondestructive Testing Technology



Certificate of Completion

This is to certify that

Brian Clyde

Has successfully completed formal training in
Magnetic Particle Inspection Level I and II In
accordance with NAS-410 & SNT-TC-1A (288 Hours)



30th Day of December 2018

Date of Completion

b6
b7c

Del Mar College
Corpus Christi, Texas
Nondestructive Testing Technology



Certificate of Completion

This is to certify that

Brian Clyde

Has successfully completed formal training in
Radiography Inspection Level I and II In
accordance with NAS-410 & SNT-TC-1A (288 Hours)



1st Day of June 2019

Date of Completion

b6
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CITY OF CORPUS CHRISTI
CITATION & NOTICE TO APPEAR



AT057755
STEP 2 WARNING

DATE OF VIOLATION 2006-11-19		TIME OF VIOLATION (MILITARY TIME) 11:21 PM		HOURS	
ACCIDENT ☐ YES ☒ NO		INJURY ☐ YES ☒ NO			
LAST NAME CLYDE		FIRST NAME DAN		MIDDLE	
SUSPENSE		APR 00		2006	
CITY		ST	STATE	TX	ZIP CODE 78401
CELL PHONE #		OTHER #			
RACE ☐ WHITE ☐ HISPANIC ☐ LATIN ☐ BLACK ☐ ASIAN ☐ PACIFIC ISLANDER ☐ OTHER ☐ ALASKA NATIVE ☐ AMERICAN INDIAN		SEX ☒ MALE ☐ FEMALE		DATE OF BIRTH 9-20-96	
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INSTRUCTIONS

The Corpus Christi Municipal Court is located at 1401 N. Commercial St., Corpus Christi, TX 78401. The telephone number is 361-574-2900. The Court has an automated telephone system which will be returned the same business day. The Court's web address is <http://www.ci.corpuschristi.tx.us/court.html>. The Court is open to the public from 9:00 a.m. to 4:00 p.m., Monday - Friday. The Court's trial is generally conducted with:

This is a summons to appear within 14 days from the date of this summons to appear a plea (guilty or not guilty) or a written or verbal plea. Your failure to appear within 14 days may result in one or more warrants being issued for your arrest, together fees being imposed, and/or one or more additional charges being filed against you. In addition, you may not be able to contest your driver's license or register a vehicle until this citation is resolved.

CHOOSING YOUR RESPONSE TO THIS CITATION

If you wish to plead **NOT GUILTY**, you may do so in person or by mail. If you entered a not guilty plea by mail, indicate to which charge below and your choice of trial: trial by bench or jury. You will be sent a pretrial conference. The court will notify you by mail with the date and time to appear.

If you wish to plead **NO CONTEST** or **GUILTY** by mail, indicate to which charge below, sign and date the citation, and mail this copy to the court and a check or money order payable to the City of Corpus Christi Municipal Court. You may submit your plea by person at the Municipal Court, 1401 N. Commercial St., 9:00 a.m. and 4:00 p.m., or at <http://www.ci.corpuschristi.tx.us/court.html>. Immediately, you may call for the exact amount of the fine and receive a 24-hour receipt.

Payment by Mail

Payment by mail can be made in a number of ways: by personal appearance, by mail, or by the night drop box at the Municipal Court, 1401 N. Commercial St., Corpus Christi, Texas. Checks or money orders must be made payable to the City of Corpus Christi. Payment of an affidavit of insurance will not protect a driver from being charged with online penalties at <http://www.ci.corpuschristi.tx.us/court.html>.

Requesting Driving Safety Course (DSC)

You may be able to request that this charge be dismissed by successfully completing a driver safety course or a motorcycle operator training course. You will lose that right of course when your suspension date, you do not provide the court with notice of your request at least 14 days before the date of this citation. **When requesting DSC**, you must plead GUILTY or NO CONTEST and submit your request to the court within 14 days from the date of this citation. You must provide a valid Texas Driver's License, current proof of financial responsibility, and pay the court costs and an administrative fee of \$15.00 (TXS 101.00134) to attend a course. You are not eligible for DSC if you are charged with violating 25.0021 or 25.0022 or the open container or the violation occurred in a commercial motor vehicle while using both workers' permits. If you are charged with unlawfully paying a school bus or leaving the scene of an accident, if you have a commercial driver's license or hold one at the time of the violation, or if you have taken a defensive driving course within the past 12 months.

Requesting Deferred Disposition

This action, when satisfactorily completed, allows a charge to be dismissed. When requesting **Deferred Disposition**, you must plead GUILTY or NO CONTEST, pay costs, deposit fines, costs and special expense fees, and meet all the conditions the judge requires during the probation period (no more than 180 days). If you request this option by mail, you must include a copy of your driver's license and proof of financial responsibility. You are not eligible if you are charged with a violation that occurred in a commercial motor vehicle, work zone where workers were present or if you hold a commercial driver's license or maintain it at the time of the citation. If you are under 25 years old, Texas law requires that you complete a Driver's Safety Course as a condition of deferred disposition.

Violation A: I plead ☐ No Contest ☐ Guilty, and request ☐ Trial ☐ Deferred Disposition
I Plead Not Guilty ☐ Trial by Judge ☐ Jury

Violation B: I plead ☐ No Contest ☐ Guilty, and request ☐ Trial ☐ Deferred Disposition
I Plead Not Guilty ☐ Trial by Judge ☐ Jury

Violation C: I plead ☐ No Contest ☐ Guilty, and request ☐ Trial ☐ Deferred Disposition
I Plead Not Guilty ☐ Trial by Judge ☐ Jury

I understand a plea to this charge on the citation is a plea of guilty. I agree my right to a trial and my right to representation for these items is waived or suspended. I am paying the fine, costs, and fees, or the DSC or requesting DSC or deferred disposition and accepting the fee payment by mail.

Signature _____ Date _____

Address _____

2332

UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication**Title:** (U//~~FOUO~~) Review of RCFL Copy Witness
Location File**Date:** 06/18/2019**From:** DALLAS**Contact:** [REDACTED]b6
b7C
b7E**Approved By:** [REDACTED]**Drafted By:** [REDACTED]**Case ID #:** 89B-DL-3123373(U) Shooting at US Attorney's Office
Dallas(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]**Synopsis:** (U//~~FOUO~~) Review of videos located on RCFL Copy Witness
Location File.**Details:**

On 06/17/2019, FBI SA [REDACTED] and SA [REDACTED]
reviewed videos located on the RCFL Copy Witness Location File. The
following is a brief synopsis of the videos.

b6
b7C1. [REDACTED]
[REDACTED]b6
b7C
b7E

2. Federal Protective Services

A. 6-17-19 All Views

UNCLASSIFIED//~~FOUO~~

[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Review of RCFL Copy Witness Location File
Re: 89B-DL-3123373, 06/18/2019

b7E

[REDACTED]

B. FPS Data

b7E

6-17-19 [REDACTED]

[REDACTED]

3. Founder Square 900 Jackson Street - Unable to view

4. [REDACTED]

[REDACTED]

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UNCLASSIFIED//~~FOUO~~

[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Review of RCFL Copy Witness Location File
Re: 89B-DL-3123373, 06/18/2019

5.

[REDACTED]

[REDACTED]

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UNCLASSIFIED//~~FOUO~~

UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication**Title:** (U//~~FOUO~~) Analysis of Brian Isaack Clyde's
[REDACTED]**Date:** 06/18/2019**From:** DALLAS
[REDACTED]**Contact:** [REDACTED]b6
b7C
b7E**Approved By:** [REDACTED]**Drafted By:** [REDACTED]**Case ID #:** 89B-DL-3123373(U) Shooting at US Attorney's Office
Dallas(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]**Synopsis:** (U//~~FOUO~~) To document the analysis of Brian Isaack Clyde's [REDACTED]
[REDACTED]**Enclosure(s):** Enclosed are the following items:

1. (U//~~FOUO~~)
2. (U//~~FOUO~~)
3. (U//~~FOUO~~)
4. (U//~~FOUO~~)
5. (U//~~FOUO~~)
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11. (U//~~FOUO~~)
12. (U//~~FOUO~~)
13. (U//~~FOUO~~)

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[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Analysis of Brian Isaack Clyde's [REDACTED]

[REDACTED]

Re: 89B-DL-3123373, 06/18/2019

14. (U//~~FOUO~~)
15. (U//~~FOUO~~)
16. (U//~~FOUO~~)
17. (U//~~FOUO~~)

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Details:

(U//~~FOUO~~) The information contained herein has been determined by the FBI to be pertinent to and within the scope of an authorized law enforcement activity and should be considered in the context of the assessment or predicated investigation to which the information relates. Particular attention should be given to the authorized purpose for collecting and recording this information pursuant to the Attorney General's Guidelines for Domestic FBI Operations and the Domestic Investigations and Operations Guide. That purpose may be set forth in the file's opening electronic communication or other related documents.

(U//~~FOUO~~) On 18 June 2019, FBI Dallas conducted preliminary searches of Brian Isaack Clyde's (Clyde) likely

[REDACTED]

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[Redacted]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Analysis of Brian Isaack Clyde's [Redacted]

[Redacted]

Re: 89B-DL-3123373, 06/18/2019

[Redacted]

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(U//~~FOUO~~) [Redacted]
[Redacted]
[Redacted]

(U//~~FOUO~~) [Redacted]
[Redacted]

(U//~~FOUO~~) [Redacted]
[Redacted]

(U//~~FOUO~~) [Redacted]
[Redacted]

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(U//~~FOUO~~) [Redacted]
[Redacted]

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FEDERAL BUREAU OF INVESTIGATION
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UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic CommunicationTitle: (U//~~FOUO~~) Review of Brian Clyde's [REDACTED]
[REDACTED]

Date: 06/18/2019

From: DALLAS

Contact: [REDACTED]

Approved By: [REDACTED]

Drafted By: [REDACTED]

Case ID #: 89B-DL-3123373

(U) Shooting at US Attorney's Office
Dallas(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]b6
b7C
b7ESynopsis: (U//~~FOUO~~) Review of Brian Clyde's [REDACTED]

Details:

On 06/18/2019, SA [REDACTED] reviewed [REDACTED] Brian Clyde
through [REDACTED] which revealed the following information:b6
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UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication**Title:** (U//~~FOUO~~) Review of Files Collected from [REDACTED]**Date:** 06/18/2019**From:** DALLAS**Contact:** [REDACTED]b6
b7C
b7E**Approved By:** [REDACTED]**Drafted By:** [REDACTED]**Case ID #:** 89B-DL-3123373(U) Shooting at US Attorney's Office
Dallas(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]**Synopsis:** (U//~~FOUO~~) To document partial review of files recovered from [REDACTED]

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Details:

On 06/18/2019, FBI Dallas, DFWA RA, SA [REDACTED] conducted a
partial review of files collected from [REDACTED]
Items of interest are noted below:

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[REDACTED]

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[Redacted]

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Title: (U//~~FOUO~~) Review of Files Collected from [Redacted]
[Redacted]

Re: 89B-DL-3123373, 06/18/2019

[Redacted]

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UNCLASSIFIED//~~LES~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication**Title:** (U//~~LES~~) Open source Searches**Date:** 06/18/2019**From:** DALLAS**Contact:**b6
b7C
b7E**Approved By:****Drafted By:****Case ID #:** 89B-DL-3123373(U) Shooting at US Attorney's Office
Dallas(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;**Synopsis:** (U//~~LES~~) Open source searches**Details:**One 18 June 2019, IA [] conducted []
for potential connections to Clyde []b6
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[] revealed the following []

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UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic CommunicationTitle: (U//~~FOUO~~)

Date: 06/18/2019

From: DALLAS

Contact:

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Approved By: SIA

Drafted By:

Case ID #:

(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;Synopsis: (U//~~FOUO~~)

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Brian Clyde's

Details:

During a review of Brian Clyde's

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FEDERAL BUREAU OF INVESTIGATION

Date of entry 06/18/2019

On June 17, 2019, [redacted] date of birth [redacted] residence of [redacted] Sunnyville, Texas, telephone number [redacted] was interviewed by Special Agent (SA) [redacted] outside the Earle Cabell Federal Building located at 1100 Commerce Street, Dallas, Texas. The nature of the interview was to obtain witness information from [redacted] regarding an active shooter incident that occurred the morning of June 17, 2019, outside the Earle Cabell building near the south entrance on Jackson Street. After being advised the identity of the interviewing agent and the nature of the interview [redacted] provided the following information:

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[redacted] was Thompson and Knight Law Firm and [redacted] was scheduled to be in Judge David C. Godbey's courtroom on the morning of June 17, 2019. [redacted] arrived to the courthouse parking lot around 8:40 - 8:45 a.m. [redacted] drove northbound on Griffin Street and turned eastbound onto Wood Street to access the parking lot located on the south side of the Earle Cabell building. [redacted] stopped at the parking attendant booth near the south entrance of the lot to provide payment and speak to the attendant; [redacted] vehicle was facing north as he interacted with the parking attendant.

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As [redacted] was attempting to access his wallet from his jacket in the back seat of the vehicle, [redacted] heard a series of gun shots, possibly five or six shots. [redacted] turned his attention towards the sound of the gun shots and observed the subject walking in an eastbound direction on Jackson Street, approaching the south entrance of the Earle Cabell building. [redacted] watched as the subject fired a second or third burst of bullets into the doors at the south entrance and noticed that the glass in the doors spider-webbed as the gun was fired. [redacted] described the gun being used by the subject as a rifle, and stated when shots were fired, they came in rapid succession.

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[redacted] took cover in his vehicle after seeing the gun fire but

Investigation on 06/17/2019 at Dallas, Texas, United States (In Person)File # 89B-DL-3123373, [redacted] Date drafted 06/18/2019by [redacted]b6
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89B-DL-3123373

(U) Interview of [REDACTED]

Continuation of FD-302 of (6/17/2019)

, On 06/17/2019 , Page 2 of 2

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peaked up over the dashboard to attempt to witness what was happening. The subject turned away from the south entrance of the Earle Cabell building and began to run across Jackson Street and into the parking lot where [REDACTED] was parked. [REDACTED] saw the subject "hit the ground" and roll in between parked vehicles in the lot. [REDACTED] was unsure if the subject was shot or if he was attempting to take up a position of advantage between the parked cars; [REDACTED] did not recall hearing gun shots as the subject went to the ground. In fear for his life, [REDACTED] reversed his vehicle and drove eastbound down Wood Street to try to get to safety.

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[REDACTED] described the subject as follows:

- Male, based on stature
- Wearing green or camouflage pants
- Black attire, possibly a vest on the upper torso
- Possibly something covering his face

[REDACTED] did not see any other witnesses at the time of the shooting other than the parking attendant with whom he was interacting. [REDACTED] did not notice any other individuals he believed to be associated with the subject.

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[REDACTED] provided a description of the location(s) of the subject during the shooting [REDACTED] by the author agent during the interview. [REDACTED]

[REDACTED] placed to a 1A package for case file maintenance.

FEDERAL BUREAU OF INVESTIGATION

Date of entry 06/18/2019

On June 17, 2019, Task Force Officer (TFO) [] responded to 1100 Commerce ST Dallas, Texas (Earl Cabell Federal Building) in response to an active shooter incident. TFO's and Special Agents were tasked with the responsibility of locating and interviewing potential witnesses that were present at the offense location at the time of the incident.

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The interviews occurred at the Federal Court building and were done in person. TFO [] contacted witness [] who is employed with the United States Department of Justice as an Assistant United States Attorney.

Witness [] office is inside of the Federal Court Building and was interviewed at the same location but on the first floor. After being advised of the identity of the interviewing Task Force Officer and the nature of the interview, [] provided the following information:

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[] described being on the third floor in his office and his office window faces to the south side of the building. [] stated that he was alerted by the sound of gunfire and an unknown object striking the side of the building. [] stated that the sounds drew his attention and he looked outside of his window and down onto the street level.

[] described seeing a uniformed officer holding a defensive position on the Northeast corner of the adjacent parking lot with his firearm drawn and facing the the Federal Court Building. Witness [] stated that he then retreated from the window and began alerting others and remained in the secure area without returning to the window.

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[] could not provide additional details of the incident and did not witness anything else.

Investigation on 06/17/2019 at Dallas, Texas, United States (In Person)File # 89B-DL-3123373, [] Date drafted 06/18/2019by []b6
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89B-DL-3123373

Continuation of FD-302 of (U) Interview of [REDACTED], On 06/17/2019, Page 2 of 2

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FEDERAL BUREAU OF INVESTIGATION

Date of entry 06/18/2019

On June 17, 2019, Task Force Officer (TFO) [] responded to 1100 Commerce ST Dallas, Texas (Earl Cabell Federal Building) in response to an active shooter incident. TFO's and Special Agents were tasked with the responsibility of locating and interviewing potential witnesses that were present at the offense location at the time of the incident.

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The interviews occurred at the Federal Court building and were done in person. TFO [] contacted witness [] B/M, [] Texas drivers license [] who works inside of the federal building.

Witness [] office is inside of the Federal Court Building on the 8th floor and was interviewed at the same location but on the first floor. After being advised of the identity of the interviewing Task Force Officer and the nature of the interview, [] provided the following information:

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[] described being on the eighth floor in his office area. [] stated that he was alerted by the sound of gunfire and looked out a window that faces to the south side of federal building after hearing gunfire. [] stated that the sounds drew his attention and he looked outside of his window and down onto the street level.

[] described looking down onto the street level and seeing a subject carrying a long gun and firing the long gun twice towards the federal building. [] could not provide an exact description of the subject, but recalled later seeing the subject run towards the parking lot that is immediately behind the federal building on the south side.

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b7C

[] described seeing the subject that was shooting towards the building collapse inside the parking lot and was laying on the ground.

Investigation on 06/17/2019 at Dallas, Texas, United States (In Person)File # 89B-DL-3123373, [] Date drafted 06/18/2019by []b6
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89B-DL-3123373

Continuation of FD-302 of (U) Interview of [REDACTED], On 06/17/2019, Page 2 of 2

b6
b7C

[REDACTED] could not provide additional details of the incident and did not report any further information regarding the incident. [REDACTED] confirmed that he did not have any recorded footage of the incident on his cell phone.

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TFO [REDACTED] collected [REDACTED] personal information and contact information before concluding the interview with [REDACTED]

FEDERAL BUREAU OF INVESTIGATION

Date of entry 06/18/2019

On June 17, 2019, Task Force Officer (TFO) [] responded to 1100 Commerce ST Dallas, Texas (Earl Cabell Federal Building) in response to an active shooter incident. TFO's and Special Agents were tasked with the responsibility of locating and interviewing potential witnesses that were present at the offense location at the time of the incident.

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The interviews occurred at the Federal Court building and were done in person and over the phone. TFO Martinez was to contact witness [] W/M, [] with McDonald's restaurant located at 1000 Commerce St Dallas, Texas over the phone. Witness [] place of employment is located next door to the offense location on the west side of the federal court building.

[] information was provided to Supervisory Special Agent (SSA) [] by Task Force Officer (TFO) [] TFO [] was tasked with collecting possible video from the McDonlad's and while at the business he was notified by management that [] was a possible witness to the incident. SSA [] asked TFO [] to contact [] since [] only spoke Spanish.

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TFO [] called [] and after being advised of the identity of the interviewing Task Force Officer and the nature of the interview, [] provided the following information:

[] stated that he was in the parking lot of McDonald's cleaning when he first heard two gunshots.

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[] stated that the gunshots drew his attention towards the parking lot that is adjacent to the federal court building on the south side. [] described a subject that he believed to be a male standing on the northwest corner of the parking lot facing towards the federal court building and while standing behind some parked vehicles.

Investigation on 06/17/2019 at Dallas, Texas, United States (Phone)File # 89B-DL-3123373, [] Date drafted 06/18/2019by []b6
b7C
b7E

89B-DL-3123373

Continuation of FD-302 of (U) Interview of [REDACTED], On 06/17/2019, Page 2 of 2

b6
b7C

[REDACTED] described the male subject as wearing a light green, possibly teal colored t-shirt, black pants, black mask, vest, and carrying a long gun.

[REDACTED] also reported a uniformed Officer in a dark colored uniform, who was driving a possibly black Dodge truck engage the subject that was carrying the long gun by firing his firearm at the subject. [REDACTED] did not know if the subject with the long gun was struck and stated that he lost sight of the subject with the long gun as he ran towards the center of the federal building.

b6
b7C

[REDACTED] reported hearing 8-9 gunshots coming from the direction of the federal building after the subject with the long gun towards the federal building and stated that he never saw the subject with the long gun afterwards.

[REDACTED] could not report any further details of the incident and did not recall seeing any other witnesses or involved subjects.

b6
b7C

TFO [REDACTED] collected [REDACTED] personal information and contact information before concluding the interview over the phone.

FEDERAL BUREAU OF INVESTIGATION

Date of entry 06/18/2019

On June 18, 2019, Special Agent (SA) [] received a digital copy of the narrative statement made by Paragon Systems Security Officer []. The report was made on June 17, 2019, by [] in reference to the case captioned matter. A copy of the report was placed to a 1A package for case file maintenance.

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Investigation on 06/17/2019 at Dallas, Texas, United States (Email)File # 89B-DL-3123373, [] Date drafted 06/18/2019

by []

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PARAGON INTERNAL REPORT

ALL CONTENT WITHIN THIS REPORT IS FOR THE PURPOSE OF PARAGON ONLY

(1) THIS REPORT IS A (CHECK ONE)

☐ INCIDENT
☒ STATEMENT

(2) REPORT FILLED OUT BY (CHECK ONE)

☒ OFFICER
☐ SUPERVISOR

(3) IS HIS REPORT CONFIDENTIAL

☐ YES ☒ NO

(4) DATE OF INCIDENT

(5) DATE OF REPORT

6-17-2019

6-17-2019

(6) [REDACTED]

MIDDLE INITIAL

(7) EMPLOYEE #

(8) REASON FOR THIS REPORT (OFFENSE)

Active Shooter

(9) LI

1100 Commerce St

(10) CITY

Dallas

(11) STATE

TX

(12) TIME OF THE INCIDENT (AM/PM)

0835

(13) PERSON INVOLVED IN REPORT (LAST, FIRST, MIDDLE NAME)

PSO [REDACTED]

(14) PERSON INVOLVED WORKS

☐ GOVT. ☒ PARAGON

(15) NARRATIVE (EXPLAIN IN DETAIL WHAT HAPPENED)

On the above date and time I PSO [REDACTED] was assigned to 1100 Commerce St Federal Building at the time of the incident. Approx 0835 I [REDACTED] was working the desk position on Jackson St entrance. PSO [REDACTED] entered the building yelling "there is a gunman coming this way". I [REDACTED] immediately heard several gun shots. Shortly thereafter I [REDACTED] proceeded to move from the CCTV area when the suspect started shooting threw the glass doors. I PSO [REDACTED] then ran to seek cover behind waiting area as the suspect attempted to enter. I [REDACTED] fired (5) rounds at the suspect which was in plain view. He was wearing a black ski mask and camouflage tactical gear. The suspect may have fired about 8-10 rounds into the building as he ran towards the parking lot.

THIS REPORT

(17) SUPERVISOR (ONE NAME ONLY)

(18) SIGNATURE

THE PLACE OF A 3155

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FEDERAL BUREAU OF INVESTIGATION
Electronic Communication

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Title: (U//~~FOUO~~) Positive Identification of [REDACTED]

Date: 06/18/2019

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From: DALLAS [REDACTED]

Contact: [REDACTED]

Approved By: SIA [REDACTED]

Drafted By: [REDACTED]

Case ID #: 89B-DL-3123373

(U) Shooting at US Attorney's Office
Dallas

(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]

Synopsis: (U//~~FOUO~~) To document positive identification of [REDACTED]

[REDACTED] Brian Clyde.

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~~Reason: 1.4 (b)~~

~~Derived From: FBI NSISC-
20090615~~

~~Declassify On: 20441231~~

Reference: 89B-DL-3123373 Serial 105

Details:

(U) Summary

(U//~~FOUO~~) On 18 June 2019, FBI Dallas conducted a review of Brian Isaack Clyde's [REDACTED] in an effort to determine the

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Title: (U//~~FOUO~~) Positive Identification of [REDACTED]
Re: 89B-DL-3123373, 06/18/2019

[REDACTED] Clyde. FBI Dallas
identified [REDACTED]

[REDACTED] This information can be referenced in 89B-DL-
3123373, serial 105. Due to a [REDACTED]

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(U//~~FOUO~~) According to the review, the following [REDACTED]

[REDACTED]
[REDACTED] (89B-DL-3123373, serial
105):

- (U//~~FOUO~~) [REDACTED]
[REDACTED]
- (U//~~FOUO~~) [REDACTED]
[REDACTED]

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(U//~~FOUO~~) [REDACTED]

(U) ~~(S//NF)~~ According to [REDACTED]
[REDACTED]

- (U//~~FOUO~~) Name: [REDACTED]
- (U//~~FOUO~~) DOB: [REDACTED]
- (U//~~FOUO~~) SSN: [REDACTED]
- (U//~~FOUO~~) Possible Address: [REDACTED]
- (U//~~FOUO~~) Possible Address: [REDACTED]
- (U//~~FOUO~~) Phone Number: [REDACTED]

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(U) ~~(S//NF)~~ [REDACTED]
[REDACTED]

~~SECRET//NOFORN~~

~~SECRET//NOFORN~~

Title: (U//~~FOUO~~) Positive Identification of [REDACTED]
Re: 89B-DL-3123373, 06/18/2019

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(U//~~FOUO~~) As of 18 June 2019, [REDACTED]
[REDACTED]

(U//~~FOUO~~) [REDACTED]

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(U//~~FOUO~~) According to [REDACTED]

[REDACTED] 89B-DL-3123373, serial 105):

- (U//~~FOUO~~) Name: [REDACTED]
- (U//~~FOUO~~) DOB: [REDACTED]
- (U//~~FOUO~~) SSN: [REDACTED]
- (U//~~FOUO~~) Possible Address: [REDACTED]
- (U//~~FOUO~~) Possible Address: [REDACTED]
- (U//~~FOUO~~) Phone Number: [REDACTED]

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(U//~~FOUO~~) A review of [REDACTED]
[REDACTED]

(U) ~~(S//NF)~~ According to [REDACTED]
[REDACTED]

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(U//~~FOUO~~) As of 18 June 2019, [REDACTED]
[REDACTED]

(U//~~FOUO~~) Leads to [REDACTED]
89B-DL-3123373, lead 78 and lead 98.

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~~SECRET~~//~~NOFORN~~

Title: (U//~~FOUO~~) Positive Identification of
Re: 89B-DL-3123373, 06/18/2019

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~~SECRET~~//~~NOFORN~~

[Redacted]

UNCLASSIFIED//~~FOUO~~

FEDERAL BUREAU OF INVESTIGATION
Electronic Communication

Title: (U//~~FOUO~~) RFI - DFW Airport Database Check
for Brian CLYDE and Associated Vehicle

Date: 06/18/2019

CC:

[Redacted]

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From: DALLAS

[Redacted]

Contact:

[Redacted]

Approved By:

[Redacted]

Drafted By:

Case ID #:

[Redacted]

(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;

[Redacted]

Synopsis: (U//~~FOUO~~) This report memorializes DFW International Airport database checks conducted in reference to Brian CLYDE and an associated vehicle.

Details:

(U//~~FOUO~~) On 18 June 2019, the writer initiated checks in the police record management system, SIDA badge and parking databases of DFW International Airport for Brian CLYDE, W/M, DOB 09/30/1996, and the vehicle bearing TX LP # GL18WY. No returns were located in these systems for this individual and the aforementioned vehicle.

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UNCLASSIFIED//~~FOUO~~

[REDACTED]

UNCLASSIFIED//~~FOUO~~
FEDERAL BUREAU OF INVESTIGATION

Date of entry 06/18/2019

[REDACTED] date of birth [REDACTED] was interviewed in front of his residence located at [REDACTED] Dallas, TX [REDACTED] cellular telephone [REDACTED]. After being advised of the identity of the interviewing Agent and the nature of the interview, [REDACTED] provided the following information:

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[REDACTED] was in his apartment at the time when he heard possible gunfire, approximately around 8:45 a.m. After hearing the gunfire, [REDACTED] looked out of his [REDACTED] apartment and observed the shooter near the entrance of the Federal Building. [REDACTED] observed the shooter carrying an assault style weapon and firing numerous rounds near the entrance of the Federal building. After firing rounds, the shooter ran into the parking lot and fell to the ground by a blue SUV. The shooter did not get up.

[REDACTED] described the shooter as wearing a black mask, green pants, tactical vest, and carrying an assault rifle.

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[REDACTED] did not take any pictures and provided no further details.

UNCLASSIFIED//~~FOUO~~

Investigation on 06/17/2019 at Dallas, Texas, United States (In Person)File # 89B-DL-3123373, [REDACTED] Date drafted 06/18/2019by [REDACTED]b6
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UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication

Title: (U//~~FOUO~~) Request CJIS Tipline support for Investigation.

Date: 06/18/2019

CC: CJIS (Route) Attn: AD Michael D. Deleon, DAD Michael A. Christman, SC Gregory D. Nelson, ASC [REDACTED] UC [REDACTED] SSA [REDACTED]

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From: DALLAS [REDACTED]

Contact: [REDACTED]

Approved By: [REDACTED]

Drafted By: [REDACTED]

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Case ID #: [REDACTED]

(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]

Synopsis: (U//~~FOUO~~) Request 24/7 Tipline support from CJIS Division's National Threat Operation Center (NTOC) for Dallas field office to supplement Active Shooter Investigation.

Reference: 89B-DL-3123373 Serial 1

Details:

(U//~~FOUO~~) For background purposes, at approximately 8:40am on 17 June 2019, subject Brian Isaack Clyde approached the Earle Cabell Federal Building in Dallas, Texas, and opened fire on the employee entrance. Security personnel at the Federal Building returned fire, causing Clyde to retreat into the parking lot where he was fatally wounded. Minor

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[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Request CJIS Tipline support for Investigation.

Re: [REDACTED] 06/18/2019

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injuries were sustained by victims, but there were no fatalities, except for Clyde.

(U//~~FOUO~~) FBI Dallas has already conducted in excess of 180 interviews, obtained numerous videos, as well as served multiple legal processes. The primary Sentinel case file number is 89B-DL-3123373. In addition, a parallel case file of [REDACTED] has been opened.

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(U//~~FOUO~~) Subject Identifiers:

Name: Brian Isaack Clyde

DOB: 9/30/1996

SSN: [REDACTED]

Texas DL: [REDACTED]

Race: White

Hair Color: Brown

Eye Color: Hazel

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(U//~~FOUO~~) Per verbal/email conversations with Dallas Executive management, NTOC has begun receiving tips via telephone and internet and has furnished Dallas the information via [REDACTED] case number 89B-DL-3123373. Dallas Command Post contact numbers are [REDACTED]

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[REDACTED] In addition, the contact number for the Dallas Operations Center (DOC) is [REDACTED] The Primary Case Agent is SA [REDACTED] with SSA [REDACTED] as the primary case supervisor.

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[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Request CJIS Tipline support for Investigation.

Re: [REDACTED] 06/18/2019

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UNCLASSIFIED//~~FOUO~~

UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication

Title: (U//~~FOUO~~) [REDACTED] **Date:** 06/18/2019
Brian Isaack Clyde, [REDACTED]

From: DALLAS
[REDACTED]

Contact: [REDACTED]

Approved By: SIA [REDACTED]

Drafted By: [REDACTED]

Case ID #: 89B-DL-3123373 (U) Shooting at US Attorney's Office
Dallas
[REDACTED] (U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[REDACTED]

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Synopsis: (U//~~FOUO~~) To document [REDACTED]
[REDACTED] Brian Isaack Clyde.

Enclosure(s): Enclosed are the following items:

1. (U//~~FOUO~~) [REDACTED]

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Details:

(U//~~FOUO~~) This EC serves as documentation of [REDACTED]
[REDACTED] Brian Isaack Clyde.

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UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication

Title: (U//~~FOUO~~) Review of 32-page notebook seized
at Clyde's residence

Date: 06/18/2019

From: DALLAS

Contact:

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Approved By: SIA

Drafted By:

Case ID #:

(U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;

Synopsis: (U//~~FOUO~~) Review of 32-page notebook seized at Brian Clyde's
Fort Worth, Texas, residence on 17 June 2019

Reference:

b7E

Enclosure(s): Enclosed are the following items:

1. (U//~~FOUO~~) Grey-Pink Notebook; Black Notebook, Green Notebook, Green-
White Notebook seized from Brian Clyde's residence in Fort Worth, Texas
on 17 June 2019

Details:

On 17 June, 2019, a 32-page document was seized at the residence of Brian
Clyde, 5001 Marina Club Blvd, #505, Fort Worth, TX 76132. Below is
summary of the content within that 32-page document.

• (U//~~FOUO~~)

• (U//~~FOUO~~)

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[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Review of 32-page notebook seized at Clyde's residence
Re: [REDACTED] 06/18/2019

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UNCLASSIFIED//~~FOUO~~**FEDERAL BUREAU OF INVESTIGATION**
Electronic Communication

Title: (U//~~FOUO~~) Identification of reddit Account
[redacted] Associated with Brian Isaack
Clyde

Date: 06/18/2019**From:** DALLAS
[redacted]**Contact:** [redacted]b6
b7C
b7E**Approved By:** SIA [redacted]**Drafted By:** [redacted]**Case ID #:** 89B-DL-3123373(U) Shooting at US Attorney's Office
Dallas[redacted] (U//~~FOUO~~) BRIAN ISAACK CLYDE;
U.S. Federal Courthouse;
Dallas, Texas;
Domestic Terrorism Shooting;
Anti-Govt./ Anti-Authority;;
[redacted]

Synopsis: (U//~~FOUO~~) To document the identification of a reddit account associated with Brian Isaack Clyde.

Details:

(U//~~FOUO~~) On 18 June 2019, FBI Dallas located a reddit account (username [redacted] that was associated with Brian Isaack Clyde's known email address [redacted] This reddit account was registered for on or about [redacted]

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(U//~~FOUO~~) A review of [redacted] reddit account [redacted] revealed little to no use and did not reveal any derogatory information of interest.

UNCLASSIFIED//~~FOUO~~

[REDACTED]

UNCLASSIFIED//~~FOUO~~

Title: (U//~~FOUO~~) Identification of reddit Account [REDACTED] Associated
with Brian Isaack Clyde
Re: 89B-DL-3123373, 06/18/2019

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