



**CUI//SP-MIL/SP-PRVCY**  
**UNITED STATES AIR FORCE**  
**BOARD FOR CORRECTION OF MILITARY RECORDS**

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**RECORD OF PROCEEDINGS**

**IN THE MATTER OF:**

**DOCKET NUMBER:** BC-2022-01442

*Attorney-Client*

**COUNSEL:** NONE

**HEARING REQUESTED:** YES

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**APPLICANT'S REQUEST**

1. His "Uncharacterized" Entry Level Separation (ELS) be upgraded to a medical related discharge.
2. His separation code of "JGA" and corresponding narrative reason for separation of "Entry Level Performance" be changed to reflect a medical discharge or secretarial authority.
3. Any other correction the Board deems appropriate due to his unjust and improper separation.

**APPLICANT'S CONTENTIONS**

He was improperly separated without support from active duty after being released from impatient care at the *Attorney-Client* Psychological Ward. After being hospitalized for one week, doctors misdiagnosed his symptoms, and he was not treated properly. Based on liberal consideration, his discharge should be upgraded due to his diagnosis of Post-Traumatic Stress Disorder (PTSD), major depression and anxiety disorder. His mother had recovered a daily diary that was kept by his deceased father during his time at *Attorney-Client* which shows he was in distress. After he was hospitalized at *Attorney-Client* Hospital in 1987 and he received multiple outpatient therapies, he was able to function at a level where all his jobs had to be non-office outside only so he could work alone. He performed these types of jobs until he received social security disability. Due to this injustice, he does not have access to Department of Veterans Affairs (DVA) health care and benefits.

In support of his request, the applicant submitted a personal statement and a letter from his psychologist attesting to his severe depression and anxiety. In this letter it states he was assaulted by another serviceman and was repeatedly harassed by other soldiers, superiors, and became in fear of his life. Additionally, he submitted his father's daily dairy annotations showing his level of stress while in the military, a letter from his mother, documents from the Social Security Administration (SSA), documents from his time in the Reserve Officer Training Corp (ROTC), and other military documents pertaining to his case.

The applicant's complete submission is at Exhibit A.

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Controlled by: SAF/MRB  
CUI Categories: SP-MIL/SP-PRVCY  
Limited Dissemination Control: N/A  
POC: [SAF.MRBC.Workflow@us.af.mil](mailto:SAF.MRBC.Workflow@us.af.mil)

## **STATEMENT OF FACTS**

The applicant is a former Air Force airman basic (E-1).

On 30 Oct 86, the applicant's commander recommended the applicant receive an ELS from the Air Force, under the provisions of AFR 39-10, *Administrative Separation of Airmen*, paragraph 5.22 for unsatisfactory enter-level performance or conduct. The specific reasons are as follows:

- a. From 17 through 28 Oct 86, LTC Form 105, *Basic Training Record*, indicates the applicant failed to adapt to the military environment by failing to make satisfactory progression in training and lacking the aptitude for military service. He was reluctant to make the necessary effort to meet Air Force standards of conduct and duty performance.
- b. On 22 Oct 86, a Mental Health Evaluation (MHE) was completed on the applicant which found he presented symptoms indicative of an Adjustment Disorder with mixed emotional features which were manifested by symptoms of agitation, restless decreased sleep, decreased appetite and concentration, and increased guilt. He was recommended for immediate removal from training with an administrative discharge finding his disorder sufficiently severe enough as to affect his ability to function in the military.

On 30 Oct 86, the Deputy Staff Judge Advocate found the discharge action legally sufficient. On this same date, the discharge authority directed the applicant be discharged with an ELS. Subsequently, the applicant received an uncharacterized ELS. His narrative reason for separation is "Entry Level Performance" and he was credited with 16 days of total active service.

For more information, see the excerpt of the applicant's record at Exhibit B and the advisories at Exhibits C and G.

## **APPLICABLE AUTHORITY/GUIDANCE**

On 3 Sep 14, the Secretary of Defense issued a memorandum providing guidance to the Military Department Boards for Correction of Military/Naval Records as they carefully consider each petition regarding discharge upgrade requests by veterans claiming PTSD. In addition, time limits to reconsider decisions will be liberally waived for applications covered by this guidance.

On 25 Aug 17, the Under Secretary of Defense for Personnel and Readiness (USD P&R) issued clarifying guidance to Discharge Review Boards and Boards for Correction of Military/Naval Records considering requests by veterans for modification of their discharges due in whole or in part to mental health conditions [PTSD, Traumatic Brain Injury (TBI), sexual assault, or sexual harassment]. Liberal consideration will be given to veterans petitioning for discharge relief when the application for relief is based in whole or in part on the aforementioned conditions.

Under Consideration of Mitigating Factors, it is noted that PTSD is not a likely cause of premeditated misconduct. Correction Boards will exercise caution in weighing evidence of mitigation in all cases of misconduct by carefully considering the likely causal relationship of

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symptoms to the misconduct. Liberal consideration does not mandate an upgrade. Relief may be appropriate, however, for minor misconduct commonly associated with the aforementioned mental health conditions and some significant misconduct sufficiently justified or outweighed by the facts and circumstances.

Boards are directed to consider the following main questions when assessing requests due to mental health conditions including PTSD, TBI, sexual assault, or sexual harassment:

- a. Did the veteran have a condition or experience that may excuse or mitigate the discharge?
- b. Did that condition exist/experience occur during military service?
- c. Does that condition or experience actually excuse or mitigate the discharge?
- d. Does that condition or experience outweigh the discharge?

On 25 Jul 18, the Under Secretary of Defense for Personnel and Readiness (USD P&R) issued supplemental guidance to military corrections boards in determining whether relief is warranted based on equity, injustice, or clemency. These standards authorize the board to grant relief in order to ensure fundamental fairness. Clemency refers to relief specifically granted from a criminal sentence and is a part of the broad authority Boards have to ensure fundamental fairness. This guidance applies to more than clemency from sentencing in a court-martial; it also applies to any other corrections, including changes in a discharge, which may be warranted on equity or relief from injustice grounds. This guidance does not mandate relief, but rather provides standards and principles to guide Boards in application of their equitable relief authority. Each case will be assessed on its own merits. The relative weight of each principle and whether the principle supports relief in a particular case, are within the sound discretion of each Board. In determining whether to grant relief on the basis of equity, an injustice, or clemency grounds, the Board should refer to paragraphs 6 and 7 of the Wilkie memorandum.

On 17 Nov 22, the Board staff provided the applicant a copy of the liberal consideration guidance (Exhibit F).

According to AFI 36-3208, incorporating changes through 8 Jun 17, paragraph 1.18, the types of service characterization are as follows:

**Honorable.** The quality of the airman's service generally has met Air Force standards of acceptable conduct and performance of duty or when a member's service is otherwise so meritorious that any other characterization would be inappropriate.

**Under Honorable Conditions (General).** If an airman's service has been honest and faithful, this characterization is warranted when significant negative aspects of the airman's conduct or performance of duty outweigh positive aspects of the airman's military record.

**Under Other than Honorable Conditions.** When basing the reason for separation on a pattern of behavior or one or more acts or omissions that constitute a significant departure from the conduct expected of airmen. The member must have an opportunity for a hearing by an administrative discharge board or request discharge in lieu of trial by court-martial.

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**Entry Level Separation.** Airmen are in entry level status during the first 180 days of continuous active military service or the first 180 days of continuous active military service after a break of more than 92 days of active service. Determine the member's status by the date of notification; thus, if the member is in entry level status when initiating the separation action, describe it as an entry level separation unless:

- A service characterization of under other than honorable conditions is authorized under the reason for discharge and is warranted by the circumstances of the case; or
- The Secretary of the Air Force determines, on a case-by-case basis, that characterization as honorable is clearly warranted by unusual circumstances of personal conduct and performance of military duty.

**AIR FORCE EVALUATION**

The AFRBA Psychological Advisor completed a review of all available records and finds insufficient evidence to support the applicant's request for the desired changes to his record. The Psychological Advisor finds these objective military records do not align with the applicant's contention. There was no evidence the applicant reported being assaulted or harassed by other service members during service, and there was no documentation in his military records and service treatment records of either of these experiences. There was no evidence he experienced any traumatic experiences, nor did he display any psychiatric symptoms consistent with trauma. The applicant was only in the service for 16 days. His objective military records had consistently reported that on the first day of training, he had approached his Military Training Instructor (MTI) and requested to be discharged because he believed he made the wrong decision to enlist in the Air Force and wanted to be discharged. He reported he had joined the Air Force due to pressure from his father and repeatedly refused to participate in training. This behavior had resulted with him being sent to Correctional Custody (CC) by his commander as a disciplinary action to help motivate him to participate in training, but his behavior persisted. He was eventually referred to a mental health evaluation and was found to have situational depression for one year, which had predated his service and was considered as existed prior to service (EPTS). His Air Force duties were found to have exacerbated but did not aggravate his pre-existing mental health condition. He was reported to have experienced depression, anxiety, and social withdrawal, but these symptoms were precipitated by his nonconforming features or uncooperative attitudes/behaviors. These symptoms were not caused by his military duties but by the mere fact he did not want to be in the Air Force, a sentiment he had endorsed continually since he entered the service. It is not possible his military duties caused his mental health condition because he had constantly refused to train or participate in any work-related activities. His negative attitude and poor behaviors also appeared to be purposeful as he was reported to have shared his negative attitude with other trainees and boasted to them of how easy it was to get out. His negative attitude and behaviors had adversely affected the morale of his unit and was detrimental to the maintenance of good order and discipline.

The applicant was hospitalized for about 24 hours from 21-22 Oct 86 at **Attorney-Client** **Attorney-Client** during service for a mental health evaluation/testing and not for one week as the applicant had claimed. This was standard operating procedure to be hospitalized for a mental

health evaluation at the time of his service in the 1980's. There was no evidence he had suicidal or homicidal thoughts or other safety concerns, severe depression, trauma, etc. that led to his hospitalization. His military records reported he was admitted to **Attorney-Client** for further testing and assessment of his psychological function. The applicant's recommendation for ELS from his mental health providers revealed he was given a diagnosis of adjustment disorder with mixed emotional features which was manifested by symptoms of agitation, restless decreased sleep, decreased appetite and concentration, and increased guilt due to his inability to adjust to the military environment. He was recommended for discharge for this unsuiting mental health condition. There was no evidence he was misdiagnosed and was not treated properly as he claimed. His providers had documented symptoms he was experiencing at the time and their diagnosis was on par with the diagnostic criteria for an adjustment disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) at the snapshot in time service. His diagnosis given during service was assessed to be valid based on his clinical presentation which was properly supported by observations and information gathered by the applicant. The applicant only received an evaluation and never received continuous mental health treatment during service. This is because the applicant was openly uncooperative, disruptive, and was driven by getting discharged. Even if he was offered treatment, it would be highly unlikely he would be amenable to treatment because of these reasons. There was no evidence the applicant had any unfitting mental health conditions which would warrant a referral to the medical evaluation board for a potential medical discharge as he had requested and desired. There was no evidence he was placed on any duty limiting condition profiles and he was never deemed not worldwide qualified. Unsuiting mental health conditions would result in an administrative discharge, which he had appropriately received. It is acknowledged the applicant submitted records indicating he was distressed at **Attorney-Client** but his emotional reaction was more likely than not, in response to his stressors of not wanting to be in the military as he had repeatedly pronounced or being in a hospital setting and not necessarily due to trauma as alleged. Again, there was no evidence his distress was caused by his traumatic experiences. His father's diary entries were not clear and could not definitively determine the cause of his distress.

The applicant was diagnosed with PTSD, Major Depressive Disorder (MDD), and anxiety disorder post-discharge. He was diagnosed with these conditions decades post-discharge and no evidence he experienced any of these conditions during service which would have resulted in early career termination or a medical discharge. He also reported he was hospitalized after discharge; however, there no records submitted to substantiate his military duties or experiences caused the decompensation of his mental health condition resulting with this post-service hospitalization. It is reminded the applicant had situational depression that EPTS and not service-aggravated, and his hospitalization could be related to his prior-service condition or even post-service stressors and possibly not related to his military service. The applicant was discharged under ELS for "Entry Level Performance." There was ample evidence from his objective military records reporting he had a negative attitude and poor behavioral issues in addition to his inability to adapt to the military that supported his reason for discharge. Thus, the Psychological Advisor finds insufficient evidence has been presented to support the applicant's request for a medical discharge and there is no error or injustice identified with his ELS discharge.

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The Psychological Advisor opines liberal consideration is not required to be applied because his mental health condition EPTS without service aggravation per policy guidance. Should the Board choose to apply liberal consideration to his petition, the following are responses based on the available records to the four questions from the Kurta memorandum:

1. Did the veteran have a condition or experience that may excuse or mitigate the discharge?

The applicant contends he was hospitalized for one week at WHMC, was misdiagnosed, not properly treated, and was discharged without preprocessing rehabilitation. He is requesting a medical separation or any other appropriate relief from the AFBCMR.

2. Did the condition exist or experience occur during military service?

There is no evidence the applicant was hospitalized for one week during service as claimed. His military records indicated he was hospitalized for about one to two days at **Attorney-Client** for psychological testing during service. There were no safety concerns or trauma that led to his hospitalization. He was reported to have situational depression that began one year prior to his service and was given a diagnosis of adjustment disorder with mixed emotional features and manifested by symptoms of agitation, restless decreased sleep, decreased appetite and concentration, and increased guilt due to his inability to adapt to the military. He was recommended for discharge for this unsuiting condition by his mental health providers and his discharge for ELS was partially based on this recommendation and condition. The applicant was diagnosed with PTSD, MDD, and anxiety disorder decades post-discharge, and there is no evidence these post-service conditions had existed or was experienced during service.

3. Does the condition or experience excuse or mitigate the discharge?

The applicant's mental health condition was found to be EPTS and not aggravated by his military service. His condition of adjustment disorder with mixed emotional features and manifested by symptoms of agitation, restless decreased sleep, decreased appetite and concentration, and increased guilt was unsuiting for continued military service resulting with an administrative discharge, which he had appropriately received through an ELS discharge. There is no evidence he had any unfitting mental health conditions to include PTSD, MDD, and anxiety disorder diagnosed decades post-discharge that would result with a medical discharge. His mental health condition does not excuse or mitigate his discharge.

4. Does the condition or experience outweigh the discharge?

Since there is no evidence his mental health condition may excuse or mitigate his discharge, his mental health condition also does not outweigh his original discharge.

The complete advisory opinion is at Exhibit C.

**APPLICANT'S REVIEW OF AIR FORCE EVALUATION**

The Board sent a copy of the advisory opinion to the applicant on 30 Aug 22 for comment (Exhibit D), and the applicant replied on 4 and 15 Sep 22. In his response, the applicant contends the advisory opinion is incomplete, inaccurate, and misleading. He was at **Attorney-Client** for five to six days and not one to two days or 24 hours as the advisory suggests. The timeline in his military records

and his father's dairy supports the five to six days in the hospital. After the assault, it would be normal not to want to continue in the military as he feared for his life. He denies making the comment of how easy it was to get out. His drill sergeant did not report how he was harassed and isolated from his fellow servicemen. Additionally, the advisory does not mention that DVA's guidelines specifically state that personal trauma is an extremely personal and sensitive issue and they recognize many incidents of personal trauma are not officially reported. He does not recall if the assault was reported but it was witnessed. Furthermore, Acute Stress Disorder (ADS), a cousin of PTSD was not known until 1994. If it was known and he was properly diagnosed, he would have been properly treated. In conclusion, there is enough evidence from the Air Force doctors, his current doctor, personal evidence, and evidence the commander who would not administer the Article 15 action due to the circumstances and conditions of the applicant that would excuse, mitigate, or outweigh the discharge. He successfully completed ROTC before he entered the Air Force; therefore, his inability to adapt to the military would not apply.

In his 15 Sep 22 submission, he submitted additional medical evidence contending he was admitted to **Attorney-Client** for seven days due to a serious health safety concern. He also submitted his pre-enlistment medical physical contending it shows normal results for his psychological and psychomotor tests.

The applicant's complete response is at Exhibit E.

#### **ADDITIONAL AIR FORCE EVALUATION**

The AFRBA Psychological Advisor completed a review of all available records and again finds insufficient evidence to support the applicant's request for the desired changes to his record. The original advisory had included comprehensive information of his mental health history and behaviors leading to his discharge that will not be reiterated in this supplementary advisory. The supplementary advisory addresses his newly submitted evidence relating to his request. The Psychological Advisor has reviewed the newly submitted records and finds the information presented is insufficient to overturn the opinion rendered from the previous mental health advisory. His new evidence disputed the date of his hospitalization at **Attorney-Client** from 21-27 Oct 86 and not from 21-22 Oct 86 as reported in the original advisory. It is to note the memorandum titled, "Recommendation for Entry Level Separation" dated on 22 Oct 86 reported he was evaluated by the Department of Mental Health Psychiatry Service at **Attorney-Client** from 21-22 Oct 86 and no other information about his hospitalization was reported. Regardless of how long he had stayed in the hospital, the information was the same as reported in the original advisory. He was diagnosed with an unsuited mental health condition of an adjustment disorder with mixed emotional features. This condition was derived by his difficulties adjusting to basic training causing him to experience symptoms of sleep disturbances, appetite issues, poor concentration, agitation, and increased guilt. His adjustment symptoms were reported to have quickly resolved during his hospital stay due to his ability to acclimate to the non-stressful environment. His symptom improvement during hospitalization provides support his adjustment disorder was valid and appropriate to his clinical presentation at the snapshot in time of service. According to the current version of the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition, Text Revision, an adjustment disorder is the development of emotional or behavioral symptoms in response to an identifiable stressor

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occurring within three months of the onset of the stress causing marked distress or impairment to social, occupational, or other areas of important functioning. Additionally, once the stressor had been terminated or removed, symptoms do not persist more than an additional six months. The applicant's identifiable stressor was Basic Military Training (BMT) and he had developed anxiety and depressive symptoms in response to the stressors of BMT on the first day of training, which occurred within three months of the onset of his identifiable stressor. Once he was removed from BMT and was admitted to the hospital, his symptoms quickly resolved because he was no longer in the stressful BMT environment. There was no evidence or reports his adjustment symptoms occurred more than six months and his mental health provider reported he did not need follow-up psychiatric treatment. Due to the rapid dissipation of his symptoms occurring for less than six months, his adjustment disorder was acute and not chronic; a chronic condition would occur more than six months. An acute adjustment disorder is unsuited for continued military service which meets criteria for an administrative, non-compensable discharge, which he had appropriately received. The applicant did not have any unfitting mental health conditions which would meet criteria for a medical discharge with possible compensation. There are different types and classifications of mental health conditions/mental disorders and his adjustment disorder does not meet the criteria for his desired medical discharge.

The applicant was command directed to the Inpatient Psychiatry Ward at Attorney-Client for evaluation of possible psychiatric disorder, which was determined to be an adjustment disorder that was resolved at hospital discharge, but also for heavy metal toxicity. His father believed his difficulties adjusting to basic training was because he was suffering from heavy metal poisoning and requested an evaluation. His possible heavy metal exposure had occurred prior to service when he was living in Work-Product. He was administered various lab tests and at the time of his hospital discharge, there was no evidence of any heavy metal toxicity or vitamin deficiency. Thus, there was no extraneous factors such as metal toxicity that had affected his ability to adjust to BMT as hypothesized by his father. The applicant was transferred to Causal Squadron after he was released from the hospital while he waited the completion of his discharge. This was a short-term stay because he was discharged from service three days after hospital discharge. The applicant contends his mental health providers and the Chief of Environmental Medicine agreed he would be discharged to home on 30 Oct 86 signifying his separation was medically related and would support his request for a medical discharge. This assertion is not accurate. Again, he had an unsuited mental health condition that meets criteria for an administrative discharge and not a medical discharge. In addition to his unsuited mental health condition, he was also discharged for his lack of aptitude for military service, his failure to make satisfactory progress in a required training program, his reluctance to make the effort necessary to meet Air Force standards of conduct and duty performance, and his lack of self-discipline. There was no error or injustice identified with his discharge.

Finally, the applicant submitted records reporting he had physical complaints of stiff soreness in the back of his neck and pain and would be consistent with trauma. The origin of this pain or physical ailment was not documented. There was no evidence his trauma from his physical ailment was unfitting resulting with a medical discharge. There were no records his trauma had impacted or limited his ability to perform his military duties. He also pointed out his psychological and psychomotor testing during the enlistment process were found to be normal. He was found to be



qualified for service. To reiterate, the applicant had difficulties adjusting to BMT which was a factor of his administrative discharge. His adjustment difficulties were temporary and resolved after he was removed from his situational stressor. There was no evidence he should have received a medical discharge.

Liberal consideration was applied to the applicant's request and questions from the Kurta Memorandum were already answered in the original advisory. The answers to these questions remain unchanged even with the newly submitted records and information.

The complete advisory opinion is at Exhibit G.

### **APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION**

The Board sent a copy of the advisory opinion to the applicant on 18 Nov 22 for comment (Exhibit H), and the applicant replied on 30 Nov 22. In his response, the applicant contended the second advisory opinion did not correctly address his claims. The statement that there was no evidence or reports of his adjustment symptoms occurred more than six months and the diagnosis of acute adjustment disorder is false. He previously submitted evidence showing his hospitalization within six months of leaving the service. As previous stated, he was hospitalized for a seven-day period not one day as the original advisory suggests indicating he had a serious health issue. Furthermore, the advisory opinion states he had difficulty adjusting to the military which led to his discharge. He completed the Army's Basic Combat Training, and it is unrealistic to believe he lacked the aptitude for military service.

The Air Force service discharge procedures do not include confining an airman to the hospital for seven days for lack of aptitude. Failure to adapt is an incorrect discharge narrative. The record of facts shows he was discharged by three Air Force doctors, separation records should be corrected to show a medical discharge on this alone. A series of events and submitted documents show an in-service stressor event of assault and harassment was possible showing he complained about neck pain and stiffness which is consistent with an assault. Incomplete or missing hospital records from 30 years ago is not an adequate reason to disregard the record of fact by the advisor. Liberal consideration was not given by this advisor.

The applicant's complete response is at Exhibit I.

### **FINDINGS AND CONCLUSION**

1. The application was not timely filed.
2. The applicant exhausted all available non-judicial relief before applying to the Board.
3. After reviewing all Exhibits, the Board concludes the applicant is not the victim of an error or injustice. Airmen are given entry level separation with uncharacterized service when they fail to complete a minimum of 180 days of continuous active military service and the applicant only served 16 days of active service; therefore, the type of separation and character of service are

correct as indicated on his DD Form 214. Additionally, the Board concurs with the rationale of the AFRBA Psychological Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. The Board applied liberal consideration to the evidence submitted by the applicant; however, it is not sufficient to grant the applicant's request. The applicant did not provide any evidence or records to substantiate his claim he was assaulted or harassed or that a mental health condition in service caused his poor performance, thus his condition does not mitigate or excuse his discharge. Furthermore, the Board finds he was correctly diagnosed and was properly treated for an unsuiting medical condition, adjustment disorder with mixed emotional features, which EPTS and was not aggravated by his military service. The Board finds his Air Force duties were exacerbated but not aggravate by his pre-existing mental health condition. He was found to have a condition that was unsuited for continued military service but not an unfitting condition meeting criteria to be processed through medical channels for a medical discharge. The Board also notes the applicant did not file the application within three years of discovering the alleged error or injustice, as required by Section 1552 of Title 10, United States Code, and Air Force Instruction 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*. The Board does not find it in the interest of justice to waive the three-year filing requirement. Therefore, the Board finds the application untimely and recommends against correcting the applicant's records.

4. The applicant has not shown a personal appearance, with or without counsel, would materially add to the Board's understanding of the issues involved.

#### **RECOMMENDATION**

The Board recommends informing the applicant the application was not timely filed; it would not be in the interest of justice to excuse the delay; and the Board will reconsider the application only upon receipt of relevant evidence not already presented.

#### **CERTIFICATION**

The following quorum of the Board, as defined in Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2022-01442 in Executive Session on 22 Feb 23:

Attorney-Client	Panel Chair
	Panel Member
Attorney-Client	Panel Member

All members voted against correcting the record. The panel considered the following:

- Exhibit A: Application, DD Form 149, w/atchs, dated 2 May 22.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, AFRBA Psychological Advisor, dated 29 Aug 22.
- Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 30 Aug 22.
- Exhibit E: Applicant's Response, w/atchs, dated 4 and 15 Sep 22.

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Exhibit F: Letter, SAF/MRBC, w/atch (Liberal Consideration Guidance),  
dated 17 Nov 22.

Exhibit G: Advisory Opinion, AFRBA Psychological Advisor, dated 17 Nov 22.

Exhibit H: Notification of Advisory, SAF/MRBC to Applicant, dated 18 Nov 22.

Exhibit I: Applicant's Response, atchs, dated 30 Nov 22.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by DAFI 36-2603, paragraph 4.12.9.

12/28/2023

*Attorney-Client*

Board Operations Manager, AFBCMR

Signed by: *Attorney-Client*