CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

diam'r.				R DISCHARGE FROM				94			
NAME (Last First, Middle) John Smith						3. SOCIAL SECURITY NUMBER 123-45-6789					
4a. GRADE, RATE OR RANK SSG			5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE OB (YYYYMMDD)			CATION TERMINATION DATE					
7a. PLACE OF ENTRY INTO ACTIVE DUTY b. HOME OF R PATRICK AFB FL DELRAY BEA				ECORD AT TIME OF ENT	RY (City and state, or	complete add	lress if	known)			
8a. LAST DUTY ASSIGNMENT AND 114 SPACE CONTROL SQ	MAJOR COMMANI)		b. STATION WHERE SI	EPARATED	7		75.7	W.		
9. COMMAND TO WHICH TRANSFERRED ANG, STATE OF OREGON							10. SGLI COVERAGE AMOUNT: \$50,000			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.) 3P0X1, SECURITY FORCES, 0 YEARS AND 4 MONTHS.				12. RECORD OF SERVICE		YEAR(S)	CALL TO CALL	NTH(S)	DA	AY(S)	
				a. DATE ENTERED AD THIS PERIOD					•		
				b. SEPARATION DATE THIS PERIOD							
				c. NET ACTIVE SERVICE THIS PERIOD		00		04		29	
				d. TOTAL PRIOR ACTIVE SERVICE		01	05 17		17		
				e. TOTAL PRIOR INAC	TIVE SERVICE	03		07		06	
				f. FOREIGN SERVICE		00	00 00		00		
				g. SEA SERVICE		00		00		00	
				h. INITIAL ENTRY TRAINING							
				i. EFFECTIVE DATE O	F PAY GRADE						
RIBBONS AWARDED OR AUTH AF Outstanding Unit Award, Air Medal with 1 Oak Leaf Cluster, War on Terrorism Service Meda Reserve Medal with 1 Hourglass Ribbon, AF Training Ribbon	Reserve Forces National Defense II, AF Longevity S	Meritoriou Service Mervice, Ar	s Service Medal, Global med Forces	14. MILITARY EDUCAT year completed) NONE THIS PERIOD	TOURS OF TOUR MENT OF THE PARTY						
15a. COMMISSIONED THROUGH S	ERVICE ACADEMY							YES	X	NO	
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)						TEN III		YES	X	NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment:								YES	X	NO	
16. DAYS ACCRUED LEAVE 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIAT DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						RIATE		1120	YES	NO	
18. REMARKS						Name and Address of the Owner, where	-			X	
No Remarks						first f	full ter	m of se	ervice.		
The information contained herein is sub to determine eligibility for, and/or continuous and the sub-to-determine eligibility for and/or continuous and the sub-to-determine eligibility for and sub-to-determine eligibility eligibility	eject to computer mat	ching within	the Department o	of Defense or with any other a	affected Federal or non-	Federal agenc	y for ve		n purpo	ses and	
19a. MAILING ADDRESS AFTER SE				b. NEAREST RELATIVE	E (Name and address	- include ZIP	Codel				
Hello World!				Spouse							
20 MEMBER REQUESTS COPY 6	RESENT TO (Special	fy state/loca	ility) OR	OFFICE OF VETERANS	AFFAIRS	Burto	x	YES		NO	
MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) OR OFFICE OF VETERANS AFFAIRS MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)							X	YES		NO	
21.a. MEMBER SIGNATURE b. DATE 22.a. OFFICIAL				L AUTHORIZED TO SIGN ED BY JONES, AARON, ST		, title, signatur	е)		DATE	(DD)	
MEMBER NOT AVAILABLE TO \$				NES, TSgt, Personnel Systember: 167DA0 IssuerCN: I		018 7:19:46 P	M (UT		180102	Section 1	
	SPECIA	L ADDITIO	NAL INFORMAT	TION (For use by authorized	d agencies only)						
23. TYPE OF SEPARATION				24. CHARACTER OF S	ERVICE (Include upgr	rades)	200		77	1	
RELEASE FROM ACTIVE DUTY				HONORABLE							
25. SEPARATION AUTHORITY							NTRY CODE				
AFH 10-416				MBK N/A							
28. NARRATIVE REASON FOR SEP	PARATION		THE SECTION		NAME OF TAXABLE	Table St.					
COMPLETION OF REQUIRED A											
29. DATES OF TIME LOST DURING	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	YYMMDDI				30. MEMBE	ER RE	QUEST	S COPY	Y 4	
NONE							30. MEMBER REQUESTS COPY 4 (Initials) N/A				