

THIS IS AN IMPORTANT RECORD
RAFE GUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME ALLEN STEPHEN HOWARD		2. SEX M	3. SOCIAL SECURITY NUMBER 0052	4. DATE OF BIRTH 46	5. MONTH Nov	6. DAY 24
7. DEPARTMENT, COMMAND AND BRANCH OR CLASS AIR FORCE HQCAF		8. GRADE, RATE OR RANK AMN	9. PAY GRADE E2	10. DATE OF PASE 73	11. MONTH May	12. DAY 01
13. SELECTIVE SERVICE NUMBER 01 146 149 0950		14. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE LVA 146 Mobile, AL 36608		15. HOME (or MFL) LINE AT TIME OF ENTRY INTO ACTIVE SERVICE 5114 Gooffroy Dr Mobile, Mobile, AL 36609		
16. TYPE OF SEPARATION DISCHARGE		17. STATION OR INSTALLATION AT WHICH EFFECTED Malmstrom AFB, Great Falls, MT				
18. AUTHORITY AND REFERENCE AFM 39-12 (SDN 28B)		19. EFFECTIVE DATE 73		20. MONTH Oct		21. DAY 04
22. CHARACTER OF SERVICE UNDER HONORABLE CONDITIONS		23. TYPE OF CERTIFICATE ISSUED DD FORM 257AF		24. REENTRY CODE 2		
25. LAST DUTY ASSIGNMENT AND COMMAND 2nd Soc Pol Sq		26. COMMAND TO WHICH TRANSFERRED NA				
27. YEAR NA		28. MONTH NA		29. DAY NA		
30. PRIMARY SPECIALTY NUMBER AND TITLE 81130 Soc Pol Spec		31. RELATED CIVILIAN OCCUPATION AND S.O.T. NUMBER NA		32. RECORD OF SERVICE		
33. SECONDARY SPECIALTY NUMBER AND TITLE NA		34. RELATED CIVILIAN OCCUPATION AND S.O.T. NUMBER NA		35. RECORD OF SERVICE		
36. INDOCTRINATION OR OTHER SERVICE SINCE AUGUST 8, 1958 ☒ YES ☐ NO 273 Days		37. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (in Years) 12 yrs (11 grad) COLLEGE				
38. TIME LOST (Months and Days) 12 Days Lost Time		39. DAYS ACCRUED LEAVE PAID NOT PAID		40. DISABILITY RYERANCE PAY ☒ YES ☐ NO		
41. SERVICE MPN'S DISCIPLINE INSURANCE COVERAGE ☒ \$10,000 ☐ \$500		42. SERVICE MPN'S DISCIPLINE INSURANCE COVERAGE ☐ \$10,000 ☐ \$500		43. PERSONNEL SECURITY INVESTIGATION a. TYPE LNAC b. DATE COMPLETED 4 Aug 70		
44. ORCINATION, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSN AFM 900-3 VSN AFM 900-3						
45. REMARKS BLOOD GROUP: A POS AQT: 130, A45, G45, R30 AFQT: 130 DAFSD: 81130 22. Copy leave data not available at time of DOS						
46. MAILING ADDRESS AFTER SEPARATION (Include MFL City, County, State and ZIP Code) SEE ITEM 32						
47. SIGNATURE OF PERSON IN CHARGE OF SEPARATION Robert J. Williams						
48. SIGNATURE OF OFFICER AUTHORIZED TO SIGN Robert J. Williams						
49. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER ROBERT J. WILLIAMS, MSCT, USAF Chief, CAO						