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| 1. LAST NAME - FIRST NAME - MIDDLE NAME CAMPBELL, JAMES MARION PETER | | 2. SERVICE NUMBER AR 11762552 | | 3. SOCIAL SECURITY NUMBER 1736 | |
| 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE 110 AF | | 5. GRADE, RATE OR RANK SGT | | 6. PLACE OF BIRTH (City and State or Country) TAMPA, FL | |
| 7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 8. DATE OF BIRTH (DD, MM, YR) 1 AUG 69 | | 9. DATE OF ENTRY INTO SERVICE (DD, MM, YR) 9 OCT 78 | |
| 10. SELECTIVE SERVICE NUMBER 28 19 48 301 | | 11. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY | | 12. DATE OF TRANSFER OR DISCHARGE (DD, MM, YR) 15 SEP 79 | |
| 13. CHARACTER OF SERVICE NONCOMBAT | | 14. DISTRICT, AREA COMMAND OR CODE TO WHICH RESERVE TRANSFERRED 110 | | 15. RESERVANT CODE RE-1 | |
| 16. TERMINAL DATE OF RESERVE/RECALL EVALUATION 2 NOV 73 | | 17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED (From Enlistment) <input type="checkbox"/> REENLISTED | | 18. SOURCE OF ENTRY 2 | |
| 19. PRIOR REGULAR ENLISTMENTS 18. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC 19. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) | | 20. STATEMENT OF SERVICE YEARS MONTHS DAYS 00 00 00 | | 21. MORE OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Home Bldg, City, County, State and ZIP Code) | |
| 22. SPECIALTY NUMBER & TITLE 23. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER | | 24. STATEMENT OF SERVICE (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line (1) plus Line (2)) | | 25. EDUCATION AND TRAINING COMPLETED AIR FORCE INSTITUTE OF TECHNOLOGY (DIT) (DIT) AIR FORCE INSTITUTE OF TECHNOLOGY (DIT) (DIT) | |
| 26. NON-PAY PERIODS/TIME LOST (Preceding Two Years) | | 27. DAYS ACCRUED LEAVE PAID 28. INSURANCE IN FORCE 29. AMOUNT OF ALLOTMENT 30. MONTH ALLOTMENT DECONTINUED | | 31. VA CLAIM NUMBER 32. VA CLAIM NUMBER 33. SERVICE MEMBER'S GROUP LIFE INSURANCE COVERAGE 34. MONTH ALLOTMENT DECONTINUED | |
| 35. REMARKS HIGH SCHOOL GRADUATE. HIGH SCHOOL POS. NOV 22 NOV 67 DODDACC FT HOIANDING. AGE SCORES OBTAINED 915 AND 125. POS. APR 70 I HAVE BEEN COUNSELLED AS TO CONDITIONS FOR RE-ENTRY INTO THE AR AND I UNDERSTAND THAT EVERY FOREIGN AR MEMBER MUST MEET THE ENLISTMENT STANDARDS IN ORDER AT THE TIME OF HIS APPLICATION. | | | | | |
| 36. PRESENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Home Bldg, City, County, State and ZIP Code) | | 37. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED James J. Campbell | | 38. SIGNATURE OF AUTHORIZING OFFICER [Signature] | |
| AUTHENTICATION | | 39. PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE | | | |