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C. A. STOPPELMAN, MSGT, USAF NCOIC, Career Assistance & Counseling	B	Ĕ	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER 34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN								
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PREVIOUS EDITION OF THIS FORM IS TO BE USED.

MED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE