SAFEGUARD IT.

| | 1. LAST | NAME - F | RST NAM | E-MIDDLE | NAME | | 2 SERVICE NUM | n F p | | 2 505141 | BECURITY. | | |
|------------------------------|--|-----------|----------|-----------|--|---|------------------------------------|------------|-----------------------|------------------|--------------|-----------|--|
| DATA | HUNDRY ALAN STAFFORD 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS 1. LAST NAME-FIRST NAME-MIDDLE NAME 2. SERVICE NUMBER AF14952743 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS 1. DEPARTMENT, COMPONENT AND BRANCH OR CLASS | | | | | | | | 3. SOCIAL | SECURITY | 1876 | | |
| PERSONAL DATA | AIF | FOR | | | | SGT E-4 | | GRADE | OF RANK | 1 | OCT | 68 | |
| PERS | 7. U. S. CITIZEN X YES NO | | | | B. PLACE OF BIRTH (City and State or Country). Culver City, California DATE OF BIRTH | | | | | 18 | MONTH OCT | YEAR 45 | |
| SE SE | 10 a. SI | ELECTIVE | SERVICE | NUMBER | b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE | | | | | | DATE INDUC | | |
| SELECTIVE SERVICE DATA | | | | | | | | | | DAY | MONTH | YEAR | |
| | 8 35 45 702 | | | | LB#35, Cocoa, Brevard Florida RGE 6. STATION OR INSTALLATION AT WHICH EFFECTED | | | N/A | | | | | |
| IARGE | | | | | E DUTY | MCCOY AFB, FLORIDA | | | | | | | |
| OR DISCHARGE DATA | SDN | ON AND A | j par | a 3-8 | Q AFM 39-10 & USAFMPO | | | | 10 | DEC | YEAR 69 | | |
| | | | | | | 13 a. CHARACTER OF SERVICE | | | | b. TYPE O | F CERTIFICA | TE ISSUED | |
| ASFI | 306 Scty Police Sq (SAC) "HONORABLE" | | | | | | | | | N/A | | | |
| TRANSFER | 14 DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED | | | | | | | | 15. REENLISTMENT CODE | | | | |
| - | TER | MINAL DA | TE OF BE | SERVE/ | USAFR | | | | | RE-1 | | | |
| * | 16. TERMINAL DATE OF RESERVE/ UMT&S OBLIGATION DAY MONTH YEAR | | | | a. SOURCE OF ENTRY: | | | | B. TERM OF | | | | |
| | | | | | ■ ENLISTED (First Enlistment) | NLISTED (Prio | or Service) REE | EENLISTED | (Years) | DAY | MONTH | YEAR | |
| | | 2 MAR 72 | | | OTHER | ANK AT TIME OF 20. PLACE OF ENTRY INTO CURRENT ACTIVE SE | | | | 3 | MAR | 66 | |
| | | | AR ENLI | SIMENTS | 19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC | 20. PLACE C | F ENTRY INTO | URRENT ACT | IVE SERVICE | (City and State) | | | |
| | | ne | | | AB E-1 | Jacksonville, Florida | | | | | | | |
| | 21 HOME OF RECORD AT TIME OF (Street, RFD, City, County, State and) | | | | nd ZIP Code) | 22. | STATEMENT OF SERVICE | | | YEARS | MONTHS | DAYS | |
| | Rt | #1, E | Box 1 | .01, C | ocoa, Brevard FL 3292 | 2 a. CREDITABLE | (1) NET SERVICE THIS PERIOD | | 03 | 09 | 07 | | |
| | 23a SP | ECIALTY N | UMBER | & TITLE | b. RELATED CIVILIAN OCCUPATION AND | FOR BASIC PA | Y (2) OTHER | | | 00 | 00 | 00 | |
| SERVICE DATA | \$1150 Scty | | | | Patrolman | | (3) TOTAL (Line (1) plus Line (2)) | | | 03 | 09 | 07 | |
| | Policeman | | | | 375.268 | b. TOTAL ACTIVE SERVICE | | | 03 | 09 | 07 | | |
| | | | | | | c. FOREIGN AND/OR SEA SERVICE PAIGN RIBBONS AWARDED OR AUTHORIZED | | | 00 | 11 | 26 | | |
| | College-33SH / BMT Compl 66 / Scty Phlice Cmbt Prep Crse 3AZR81150 C68 Upgrade Tng Gen Subj ECI Crse 10000 Compl 67/ | | | | | | | | | | | | |
| VA AND EMP. SERVICE DATA | | | | TIME LOST | b. DAYS ACCRUED LEAVE PAID | | | . AMOUNT O | F ALLOTMEN | т (| MONTH A | LLOTMENT | |
| | (Preceding Two Years) | | | , | 9 | (NSLI or USGLI) | | | | | | | |
| | | | | | | YES | MO NO | s N/A | | | N/A | | |
| | No | Time | Lost | | 28. VA CLAIM NUMBER 29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE | | | | | | | | |
| | | | | | c- None | ₹ \$10,000 \$5,000 NONE | | | | | | | |
| REMARKS | Early Release Due to Budgetary Limitations Blood Group: O-Pos AQE Scores: Gen-60, Adm-40Mech-30Elec-40/ Limited National Agency Check completed 9Mar66, 4th Dist OSI, Bolling AFB, D.C. | | | | | | | | | | | | |
| AUTHENTICATION | 31 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE 32. SIGNATURE OF PERSON BEING TRANSFEI | | | | | | | | | | CHARGED | | |
| | (Street, RFD, City, County, State and ZIP Code) Same as item #21 above | | | | | | Ala 2 7/ 1 | | | | | | |
| ENT | 33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER 34. SIGNATURE OF OFFICER AUTHORIZING | | | | | | | HORIZED TO | SIGN | | | | |
| AUTH | IRVING F. DOMINY, MSGT, USAF NCOIC, CAC | | | | | | | | | 1 | 4 | , | |

DD : FORM 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE