

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME ALLEN MICHAEL GARY		2. SEX M	3. SOCIAL SECURITY NUMBER 002 34 7796		4. DATE OF BIRTH YEAR MONTH DAY 1951 May 24
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			6. GRADE, RATE OR RANK Sgt	7. DATE OF RANK YEAR MONTH DAY 1972 Dec 1	8. PAY GRADE Bl
9. SELECTIVE SERVICE NUMBER 270 7 51 0246		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE 7 Concord, Merrimack, NH		11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 106 Manchester St. Concord, Merrimack, NH 03301	
12. TYPE OF SEPARATION Release From Active Duty			13. STATION OR INSTALLATION AT WHICH EFFECTED McGuire AFB NJ		
14. AUTHORITY AND REASON			15. EFFECTIVE DATE YEAR MONTH DAY 1975 Jan 7	16. REENLISTMENT CODE ---	
17. CHARACTER OF SERVICE HONORABLE			18. TYPE OF CERTIFICATE ISSUED NA		19. REENLISTMENT CODE
20. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 81 CES USAFE			21. COMMAND TO WHICH TRANSFERRED USAFR		
22. TERMINAL DATE OF RESERVE/RECALL OBLIGATION YEAR MONTH DAY 1977 Jan 12		23. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Manchester N H			24. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 1971 Jan 13
25. PRIMARY SPECIALTY NUMBER AND TITLE 57150 Fire Protection Spec		26. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 373.885 Fire Fighter		27. RECORD OF SERVICE	
28. SECONDARY SPECIALTY NUMBER AND TITLE NONE		29. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		27. RECORD OF SERVICE (continued)	
30. INDOCHINA OR KOREA SERVICE SINCE AUGUST 1, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 366 Days		31. TIME LOST (Preceding Two Yrs) LEAVE PAID NO TIME LOST		32. SERVICE GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE	
33. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (in Yrs) SECONDARY-HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE 0 YRS		34. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NONE		35. PERSONNEL SECURITY INVESTIGATION TYPE DATE COMPLETED *INAC 1971Feb17	
36. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, RVCM, VSM, AFOWA, SAEMR, AFGCM (1971Jan13-1974Jan12) AIM 900-3					
37. REMARKS <p>I have been counseled as to conditions for my reenry into the Air Force and I understand that every former Air Force member must meet the enlistment reenlistment standards in effect at the time of his application.</p> <p>*25a DOD NACC Ft Holabird MD</p>					
38. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) Same as Item #8C			39. SIGNATURE OF PERSON BEING SEPARATED <i>Michael S Allen</i>		
40. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER T HARRIS JR MSGT USAF ASST CHIEF Port Separation Facility			41. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>T. Harris</i>		

DD FORM 1 NOV 72 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY

5888

REQUEST AND AUTHORIZATION FOR PERMANENT CHANGE OF STATION - MILITARY

(If more space is required, use reverse)

The following individual will proceed on Permanent Change of Station: o/a 23 Jan '72

1. GRADE, LAST NAME, FIRST, MIDDLE INITIAL, SSAN A1C ALLEN, MICHAEL G 002-34-7796		2. SHIPPING AFSC/AFSC 81130	3. <input type="checkbox"/> OVER 4 YRS SERVICE (Sgt only)
A S S I G N M E N T D A T A	4. PURPOSE OF TDY	5. TDY ENROUTE ADDRESS	
	6. NO. OF DAYS	7. TDY REPORTING DATE	8. SECURITY CLEARANCE
9. UNIT, MAJOR COMMAND, ADDRESS, AND PAS OF UNIT TO WHICH ASSIGNED 56 Security Police Sq (PACAF) APO San Francisco 96310 (PAS NARNS7)		10. UNIT, MAJOR COMMAND, ADDRESS, AND PAS OF UNIT FROM WHICH RELIEVED 3201 Security Police Sq (AFSC) Eglin AFB, FL 32542 (PAS EDHB5L)	

11. TED <u>15 Mar 72</u>	<input checked="" type="checkbox"/> PCS WITH PCA (EDCSA)	<input type="checkbox"/> PCS WITHOUT PCA
12. REPORT TO COMDR, NEW ASSIGNMENT NLT	13. DALVP Yes	14. LEAVE ADDRESS 106 Manchester St. Concord, N.H. 03301
15. INDIVIDUAL ELECTED TO SERVE	<input type="checkbox"/> ACCOMPANIED TOUR	<input type="checkbox"/> UNACCOMPANIED TOUR
16. TRAVEL OF DEPENDENT(S) IS AUTHORIZED	17. AUTHORITY FOR CONCURRENT TRAVEL	
<input type="checkbox"/> CONCURRENT	18. TPC WITH <u>8</u> DAYS TRAVEL TIME PERMITTED	
19. VOLUNTEER STATUS	20. REPORT TO MAC PASSENGER SERVICE COUNTER AT	
<input type="checkbox"/> NON-VOLUNTEER	NET _____ (Hour and Date) NLT _____ (Hour and Date)	
<input checked="" type="checkbox"/> VOLUNTEER FOR <u>Thailand & Vietnam</u>	23. EXCESS BAGGAGE AUTHORIZED	
21. AIR MOVEMENT DESIGNATOR	22. FLIGHT NO. OR NAME OF VESSEL	24. DISLOCATION ALLOWANCE CATEGORY N/A
25. DEPENDENTS (List names of dependents and DOB of children)		

26. PCS EXPENSE CHARGEABLE TO 5723500 322 P577.02 410 S503725 80
27. TDY EXPENSE CHARGEABLE TO
28. CIC 4 5 248 5776 503725
29. AUTHORITY AND PCS CODE AFM 39-11 AAN: 03N63982 PCS Code J

IF PCS IS WITHIN THE UNITED STATES, THEN: PURSUANT TO AFR 30-15, YOU OR YOUR AGENT WILL REPORT TO THE BASE HOUSING OFFICE/HOUSING REFERRAL OFFICE SERVICING YOUR NEW DUTY STATION BEFORE ENTERING INTO ANY RENTAL OR LEASE AGREEMENT FOR OFF-BASE HOUSING.

30. REMARKS

Items: 1,3,5,6,12 and 21 reverse applies.

31. DATE 16 Nov 71	32. TYPED NAME, GRADE AND TELEPHONE NO. OF CBPO OFFICIAL CLARENCE E TAYLOR, MSGT, USAF/882-5838	33. SIGNATURE <i>Clarence E Taylor</i>
34. DESIGNATION AND LOCATION OF HEADQUARTERS DEPARTMENT OF THE AIR FORCE HQ ADTC (AFSC) EGLIN AFB, FLA 32542		35. SPECIAL ORDER NO. AA-5888
36. DISTRIBUTION Servicing CBPO: 56 Cmbt Spt Gp (PACAF) APO San Francisco 96310		36. DATE 6 Dec 71
37. TDN		38. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL FOR THE COMMANDER

38. DISTRIBUTION
W+

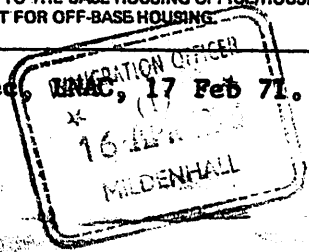
SHIRLEY J. FORTNER, Major,
Director of Administration



REQUEST AND AUTHORIZATION FOR PERMANENT CHANGE OF STATION - MILITARY
(If more space is required, use reverse)

The following individual will proceed on Permanent Change of Station: **DEROS: 11 MAR 73**

A S S I G N M E N T D A T A	1. GRADE, LAST NAME, FIRST, MIDDLE INITIAL, SSAN A1C ALLEN, MICHAEL G. 002-34-7796		2. SHIPPING AFSC/CAFSC 81130	3. <input type="checkbox"/> OVER 4 YRS SERVICE (Sgt only)	
	4. PURPOSE OF TDY		5. TDY ENROUTE ADDRESS		
	6. NO. OF DAYS		7. TDY REPORTING DATE	8. SECURITY CLEARANCE	
	9. UNIT, MAJOR COMMAND, ADDRESS, AND PAS OF UNIT TO WHICH ASSIGNED 81 Sec Pol Sq (USAFE) APO New York 09755 (PAS: BFD81)		10. UNIT, MAJOR COMMAND, ADDRESS, AND PAS OF UNIT FROM WHICH RELIEVED 56 Sec Pol Sq (PACAF) APO San Francisco 96310 (PAS: NARSN7)		
T R A V E L D A T A	11. TED 15 Mar 73 <input checked="" type="checkbox"/> PCS WITH PCA (EDCSA) <input type="checkbox"/> PCS WITHOUT PCA		12. REPORT TO COMDR, NEW ASSIGNMENT NLT 40 days after arrival at APOE		
	13. DALVP Yes	14. LEAVE ADDRESS 106 Manchester St Concord, New Hampshire 03301			
	15. INDIVIDUAL ELECTED TO SERVE <input type="checkbox"/> ACCOMPANIED TOUR <input type="checkbox"/> UNACCOMPANIED TOUR <input type="checkbox"/> DEPENDENT PROHIBITED WITHIN OVERSEA AREA		16. TRAVEL OF DEPENDENT(S) IS AUTHORIZED <input type="checkbox"/> CONCURRENT <input type="checkbox"/> TO A DESIGNATED LOCATION		17. AUTHORITY FOR CONCURRENT TRAVEL
	19. VOLUNTEER STATUS <input type="checkbox"/> NON-VOLUNTEER <input type="checkbox"/> VOLUNTEER FOR _____		20. REPORT TO MAOPASSENGER SERVICE COUNTER AT NET _____ (Hour and Date) TO BE INDORSED NLT _____ (Hour and Date)		
F I S C A L	21. AIR MOVEMENT DESIGNATOR		22. FLIGHT NO. OR NAME OF VESSEL	23. EXCESS BAGGAGE AUTHORIZED ____ POUNDS _____ PIECES	
	24. DISLOCATION ALLOWANCE CATEGORY				
	25. DEPENDENTS (List names of dependents and DOB of children)				
	26. PCS EXPENSE CHARGEABLE TO 5733500 323 P577.02 410 8503725				
27. TDY EXPENSE CHARGEABLE TO					
28. CIC 4 5 348 5776 503725		29. AUTHORITY AND PCS CODE AFM 39-11, AAN 03NZ5270, PCS Code "J"			
IF PCS IS WITHIN THE UNITED STATES, THEN: PURSUANT TO AFR 30-16, YOU OR YOUR AGENT WILL REPORT TO THE BASE HOUSING OFFICE/HOUSING REFERRAL OFFICE SERVICING YOUR NEW DUTY STATION BEFORE ENTERING INTO ANY RENTAL OR LEASE AGREEMENT FOR OFF-BASE HOUSING.					
30. REMARKS Items 1,3,6,7 and 8 on reverse apply. Security Data: Sec. _____					
31. DATE 20 November 1972		32. TYPED NAME, GRADE AND TELEPHONE NO. OF CBPO OFFICIAL JAMES E. WEST, Sgt., USAF 2601		33. SIGNATURE <i>James E. West</i>	
34. DESIGNATION AND LOCATION OF HEADQUARTERS DEPARTMENT OF THE AIR FORCE HQ 56 COMBAT SUPPORT GROUP (PACAF) APO SAN FRANCISCO 96310		35. SPECIAL ORDER NO. AA-6510	36. DATE 21 Nov 72		
37. TDN FOR THE COMMANDER		38. DISTRIBUTION "A" plus 6-81 Cmbt Spt Gp, CBPO APO New York 09755			
39. SIGNATURE ELEMENT OF ORDERS AUTHENTICATING OFFICIAL D					



 INFORMATION OFFICER
 * 16 FEB 73
 MILDENHALL