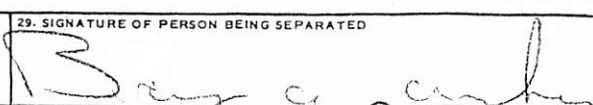
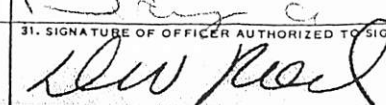



THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME <b>ARCHER BARRY ALLEN</b>			2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER [REDACTED]			4. DATE OF BIRTH YEAR: <b>1951</b> MONTH: <b>Jul</b> DAY: <b>15</b>
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			6a. GRADE, RATE OR RANK <b>SGT</b>	b. PAY GRADE <b>E-4</b>	7. DATE OF RANK YEAR: <b>1972</b> MONTH: <b>Sep</b> DAY: <b>01</b>		
9a. SELECTIVE SERVICE NUMBER <b>13 078 51 0227</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>#78 Des Moines, IA 50301</b>		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>2602 E. Garden Ave. Des Moines, IA 50317 (Polk)</b>			
9a. TYPE OF SEPARATION <b>Release from Active Duty</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>McGuire AFB NJ 08641</b>			
6. AUTHORITY AND REASON <b>AFM 39-10 SPD/MEB</b>						d. EFFECTIVE DATE YEAR: <b>1976</b> MONTH: <b>Nov</b> DAY: <b>02</b>	
6. CHARACTER OF SERVICE <b>Honorable</b>				f. TYPE OF CERTIFICATE ISSUED <b>NA</b>		10. REENLISTMENT CODE <b>RE 1J</b>	
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>32 TFS (USAFE)</b>				12. COMMAND TO WHICH TRANSFERRED <b>USAFR</b>			
13. TERMINAL DATE OF RESERVE/MSO OBLIGATION YEAR: <b>1976</b> MONTH: <b>Dec</b> DAY: <b>15</b>			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>Des Moines, IA 50301</b>			15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: <b>1970</b> MONTH: <b>Dec</b> DAY: <b>16</b>	
16a. PRIMARY SPECIALTY NUMBER AND TITLE <b>81150 Security Spec</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>372,868 Guard</b>		18. RECORD OF SERVICE		YEARS MONTHS DAYS	
				(a) NET ACTIVE SERVICE THIS PERIOD		<b>05 10 17</b>	
				(b) PRIOR ACTIVE SERVICE		<b>00 00 00</b>	
				(c) TOTAL ACTIVE SERVICE (a + b)		<b>05 10 17</b>	
				(d) PRIOR INACTIVE SERVICE		<b>00 00 00</b>	
				(e) TOTAL SERVICE FOR PAY (c + d)		<b>05 10 17</b>	
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD		<b>02 06 02</b>	
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL <b>12</b> YRS (1 - 12 grades) COLLEGE <b>0</b> YRS			
21. TIME LOST (Preceding Two Yrs) <b>NO TIME LOST</b>		22. DAYS ACCRUED LEAVE PAID <b>40</b>		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> <b>\$20,000</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT: <b>None</b>	
				25. PERSONNEL SECURITY INVESTIGATION a. TYPE: <b>*LNAC</b> b. DATE COMPLETED: <b>25 Jan 71</b>			
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, AFGCM ( 16 Dec 70 - 15 Dec 73 ), AFLSA, AFM 900-3.</b>							
27. REMARKS Copy #3 Sent to VA Data Processing Center, Austin, TX Copy #5 Destroyed  Blood Group AB Pos. AFQT 313. DAFSC 81150. Reserve participation counseled/Member requests copy of DD Form 214 <u>Btt</u> *25a, DOD NACC, Ft. Holabird, MD 21219 File#NA. Extension of service at the request of and for the convenience of the gov't.  AQE: M25 A55 G60 E40 I have been counseled as to conditions for my reentry into the Air Force and I understand that every former Air Force member must meet the enlistment or reenlistment standards in effect at the time of their application.							
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>Same as item 8c.</b>				29. SIGNATURE OF PERSON BEING SEPARATED 			
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>D.W. REED, DAFC Chief, Port Separation Facility</b>				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 			

**CORRECTION TO DD FORM 214,  
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) ARCHER BARRY ALLEN	2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE - REG AF	3. SOCIAL SECURITY NUMBER (Also, Service Number if applicable)
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4. MAILING ADDRESS (Include ZIP Code) 1244 E 17TH CT, DES MOINES IA 50316	
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**5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:**

ITEM NO.	CORRECTED TO READ
26	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: 19761102 VIETNAM SERVICE MEDAL WITH ONE BRONZE SERVICE STAR, REPUBLIC OF VIETNAM GALLANTRY CROSS WITH PALM, VIETNAM CAMPAIGN MEDAL.  <p align="center">————— NOTHING FOLLOWS —————</p>

6. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) _____ OFFICE OF VETERANS AFFAIRS	YES	<input checked="" type="checkbox"/> NO
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a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)	YES	<input checked="" type="checkbox"/> NO
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7. DATE (YYYYMMDD) 20140218	8. OFFICIAL AUTHORIZED TO SIGN			d. SIGNATURE
	a. TYPED NAME (Last, First, Middle Initial) TULLGREN, ROBERT W.	b. GRADE DAFC	c. TITLE DDFM 214 POLICY	