

N: NOT TO BE USED FOR IDENTIFICATION PURPOSES

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

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

ART ICE

1. NAME (Last, First, Middle Initial) SIM OREN
2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REG AF
3. SOCIAL SECURITY NUMBER

4. HOME ADDRESS (Include ZIP Code) ARCEDAS ST. JOHNSTOWN, PA 15904

5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW: NO. CORRECTED TO READ

SEPARATION DATE ON DD FORM 214 BEING CORRECTED 19 Jul 1975
ADD: AIR FORCE OUTSTANDING UNIT AWARD W/VALOR, VIETNAM SERVICE MEDAL.
NOTHING FOLLOWS



7. OFFICIAL AUTHORIZED TO SIGN
a. TYPED NAME (Last, First, Middle Initial) SCOTT, RAMONA L.
b. GRADE SSGT
c. TITLE Asst NCOIC, Sep & Ret Documentation
d. SIGNATURE Ramona Scott

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