

PERSONAL DATA		1 LAST NAME - FIRST NAME - MIDDLE NAME BARTLETT ROBERT MELVIN		2 SERVICE NUMBER AF 12846584		3 SOCIAL SECURITY NUMBER 251 180 13103	
4 DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF		5a GRADE, RATE OR RANK Sgt		5b PAY GRADE E-1		6 DATE OF RANK 1 May 69	
7 U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8 PLACE OF BIRTH (City and State or County) Columbia SC		9 DATE OF BIRTH 25 Apr 48		10 DATE OF INDUCTION NA	
10a SELECTIVE SERVICE NUMBER 38 32 48 271		10b SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB #32, Lexington SC		11 TYPE OF TRANSFER OR DISCHARGE Release from Active Duty		12 DATE OF INSTALLATION AT WHICH EFFECTED McChord AFB, Toxoma, Washington	
13 REASON AND AUTHORITY SDN- 411 AFM39-10, Chapter 3, Section B.		14 CHARACTER OF SERVICE HONORABLE		15 TYPE OF CERTIFICATE ISSUED NA		16 REENLISTMENT CODE 1	
17 TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION 21 Aug 73		18 CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER AFQT-8C (4C-III)		19 TERM OF SERVICE (Years) 4		20 DATE OF ENTRY 22 Aug 67	
21 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 4010 Barbara St., West Columbia Lexington, SC 29169		22 GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Airmen Basic		23 PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Ft. Jackson SC		24 STATEMENT OF SERVICE	
25 SPECIALTY NUMBER & TITLE 81150A Air Police K-9		26 RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 372.868 Guard		27 CREDITABLE FOR BASIC PAY PURPOSES		28 FOREIGN AND/OR SEA SERVICE	
29 OCCASIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN Ribbons AWARDED OR AUTHORIZED		30 REMARKS NDSM AFGCM (22 Aug 67 - 21 Aug 70) RVCM RVNGG w/Palm DAF, SOGB-116 25 Feb 71 VSM		31 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as Item 21		32 SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Robert M. Bartlett</i>	
33 NON-PAY PERIODS/TIME LOST (Preceding Two Years) No Time Lost		34 DAYS ACCRUED LEAVE PAID 60		35 INSURANCE IN FORCE (MILITARY OR CIVILIAN) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		36 AMOUNT OF ALLOTMENT NA	
37 VA CLAIM NUMBER NA		38 GOVERNMENT'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		39 TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER JOHN E CLEMENS CAPT USAF CHIEF PORT SEPARATION SECTION		40 SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>John E Clemens</i>	

DD FORM 1300, 1 JUL 68 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE 1