

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

|   |  |   |                                       |  |  |   |   |
|---|--|---|---------------------------------------|--|--|---|---|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME<br><b>BICKEL RODNEY SCOTT</b>   |  |   | 2. SEX<br><b>M</b>                    | 3. SOCIAL SECURITY NUMBER<br><b>370 56 8356</b>  |  |   | 4. DATE OF BIRTH<br>YEAR: <b>53</b> MONTH: <b>10</b> DAY: <b>25</b> |
| 5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br><b>AIR FORCE REGAF</b>  |  |   | 6a. GRADE, RATE OR RANK<br><b>SGT</b> |  | b. PAY GRADE<br><b>E4</b>                              | 7. DATE OF RANK<br>YEAR: <b>73</b> MONTH: <b>05</b> DAY: <b>01</b>  |   |
| 8a. SELECTIVE SERVICE NUMBER<br><b>NA</b>   |  | b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE<br><b>NA</b>                                |                                       | c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE<br>(Street, RFD, City, State and ZIP Code)<br><b>140 W JEFFERSON ST., SAGINAW<br/>FRANKENMUTH MI 48734</b>                                  |  |   |   |
| 9a. TYPE OF SEPARATION<br><b>DISCHARGE</b>  |  |   |                                       | b. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>KINCHELOE AFB MI 49788</b>  |  |   |   |
| c. AUTHORITY AND REASON<br><b>AFM 39-10 (SDN 4LE)</b>   |  |   |                                       |  |  | d. EFFECTIVE DATE<br>YEAR: <b>74</b> MONTH: <b>06</b> DAY: <b>28</b>  |   |
| e. CHARACTER OF SERVICE<br><b>HONORABLE</b>   |  |   |                                       |  | f. TYPE OF CERTIFICATE ISSUED<br><b>DD FORM 256 AF</b> |   | 10. REENLISTMENT CODE<br><b>"2"</b>                                 |
| 11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>449 SCTY POL SQ (SAC)</b>  |  |   |                                       | 12. COMMAND TO WHICH TRANSFERRED<br><b>NA</b>  |  |   |   |
| 13. TERMINAL DATE OF RESERVE/MSS OBLIGATION<br>YEAR: <b>NA</b> MONTH: <b>NA</b> DAY: <b>NA</b>  |  | 14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code)<br><b>DETROIT MI 48200 WAYNE CO</b> |                                       |  |  | 15. DATE ENTERED ACTIVE DUTY THIS PERIOD<br>YEAR: <b>71</b> MONTH: <b>06</b> DAY: <b>15</b>                               |   |
| 16a. PRIMARY SPECIALTY NUMBER AND TITLE<br><b>81150 SCTY POLICEMAN</b>  |  | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER<br><b>372.868 GUARD</b>                                      |                                       | 18. RECORD OF SERVICE  |  |   | YEARS MONTHS DAYS   |
|   |  |   |                                       | (a) NET ACTIVE SERVICE THIS PERIOD   |  |   | <b>03 00 14</b>   |
|   |  |   |                                       | (b) PRIOR ACTIVE SERVICE   |  |   | <b>00 00 00</b>   |
|   |  |   |                                       | (c) TOTAL ACTIVE SERVICE (a + b)   |  |   | <b>03 00 14</b>   |
|   |  |   |                                       | (d) PRIOR INACTIVE SERVICE   |  |   | <b>00 02 14</b>   |
|   |  |   |                                       | (e) TOTAL SERVICE FOR PAY (c + d)  |  |   | <b>03 02 28</b>   |
|   |  |   |                                       | (f) FOREIGN AND/OR SEA SERVICE THIS PERIOD   |  |   | <b>01 00 00</b>   |
| 19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>364 DAYS INDOCHINA</b>                      |  |   |                                       | 20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years)<br>SECONDARY/HIGH SCHOOL <b>12</b> COLLEGE <b>0</b> YRS  |  |   |   |
| 21. TIME LOST (Preceding Two Yrs.)<br><b>NO TIME LOST</b>   |  | 22. DAYS ACCRUED LEAVE PAID<br><b>22</b>  |                                       | 23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE<br><input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000<br><input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE |  | 24. DISABILITY SEVERANCE PAY<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br>AMOUNT <b>NONE</b> |   |
|   |  |   |                                       | 25. PERSONNEL SECURITY INVESTIGATION<br><b>LIMITED NATIONAL AGENCY CHECK</b>   |  | b. DATE COMPLETED<br><b>12Ju171</b>   |   |
| 26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>NDSM AFM 900-3<br/>AFGCM 15Jun71=14Jun74 AFM 900-3</b> |  |   |                                       |  |  |   |   |
| 27. REMARKS<br><b>BLOOD GROUP A POS<br/>AQE SCORES M60,A70,G65,E65<br/>AFQT 652<br/>DAFSC 81150<br/>BASIC MIL TNG COMPL 71<br/>SCTY POL CRSE 81130 COMPL 71</b>   |  |   |                                       |  |  |   |   |
| 28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code)<br><b>SAME AS ITEM 8c</b>  |  |   |                                       | 29. SIGNATURE OF PERSON BEING SEPARATED<br><i>Robert L. Bickel</i>   |  |   |   |
| 30. SUPERVISOR NAME, GRADE AND TITLE OR AUTHORIZING OFFICER<br><b>DAVID L LANG CAPT USAF<br/>CHIEF QC</b>   |  |   |                                       | 31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br><i>David L Lang</i>   |  |   |   |

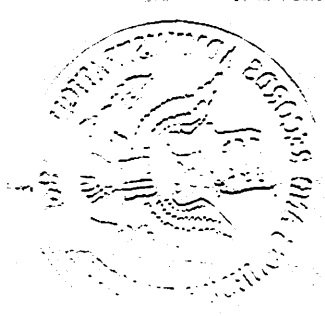
DD FORM 214  
1 NOV 72

PREVIOUS EDITIONS OF THIS  
FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY

SECRET



CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. NAME (Last, first, middle)<br><b>BICKEL RODNEY SCOTT</b>                                       |  | 2. DEPARTMENT, COMPONENT AND BRANCH<br><b>AIR FORCE REGAF</b>   |  | 3. SOCIAL SECURITY NO. (Also, Service Number if applicable)<br><b>370   56   9356</b> |  |
| 4. MAILING ADDRESS (Include ZIP Code)<br><b>140 W JEFFERSON ST., SAGINAW FRANKENMUTH MI 48734</b> |  |   |  |   |  |
| 5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW   |  |   |  |   |  |
| ITEM NO.  |  | CORRECTED TO READ   |  |   |  |
| 26.   |  | SEPARATION DATE ON DD FORM 214 BEING CORRECTED - <u>74 06 28</u>  |  |   |  |
| ADD: VSM, RVCN<br>*****LAST LINE*****   |  |   |  |   |  |
| 6. DATE<br><b>JANUARY 28, 1994</b>  |  | 7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN<br>BY: <b>MARCIA R. HALEY</b> <i>Marcia R. Haley</i><br>CHIEF, AIRFORCE REFERENCE BRANCH, NPRC (MPR), NARA, ST. LOUIS, MO 63132-5100 |  |   |  |

**DD FORM 1 JUL 79 215**

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

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

**MEMBER 1**