


PERSONAL DATA	1 LAST NAME-FIRST NAME-MIDDLE NAME GREEN CLYDE DALE		2 SERVICE NUMBER AF 18752359		3 SOCIAL SECURITY NUMBER 436 170 1006			
	4 DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			5a. GRADE, RATE OR RANK SGT	5b. PAY GRADE E4	6. DATE OF RANK 1 JUN 69	7. DATE OF BIRTH 21 OCT 47	
	7 U S CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8 PLACE OF BIRTH (City and State or Country) SHREVEPORT LA			9. DATE OF BIRTH 21 OCT 47		
SELECTIVE SERVICE DATA	10 a. SELECTIVE SERVICE NUMBER 16 10 47 493		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB# 10 SHREVEPORT CADDO LA			c. DATE INDUCTED NA		
	11 a. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY				b. STATION OR INSTALLATION AT WHICH EFFECTED HOMESTEAD AFB FL			
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AFM 39-10 PAR 3-2 (SIN 203)				2. EFFECTIVE DATE 11 SEP 70	3. DATE OF ENTRY 12 SEP 66		
	12 LAST DUTY ASSIGNMENT AND MAJOR COMMAND 4531 SECURITY POLICE SQ (TAC)			13 a. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE ISSUED NA		
	14 DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAFR				15 REENLISTMENT CODE 1			
	16 TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR 1 AUG 72		17 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		b. TERM OF SERVICE (Years) 4		c. DATE OF ENTRY DAY MONTH YEAR 12 SEP 66	
18 PRIOR REGULAR ENLISTMENTS NONE		19 GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AIRMAN BASIC		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) SHREVEPORT LA				
21 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Caddo LA RT 1 Bethany		22 STATEMENT OF SERVICE		YEARS	MONTHS	DAYS		
23 a. SPECIALTY NUMBER & TITLE 81150 SEC POL		b. RELATED CIVILIAN OCCUPATION AND D.O.T NUMBER NA		c. FOREIGN AND/OR SEA SERVICE 01 00 00				
24 DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM//SAEMR//VSM//RVCM AFM 900-3		25 EDUCATION AND TRAINING COMPLETED AIR POL CRSE 77130 COMPL 66 UPGRD TNG GEN SUB CRSE 10000 COMPL 67 AIR POL AP SUPV CRSE 77150 COMPL 67 AIR POL GMBT PREP CRSE 3 AZR 81150 COMPL 68						
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		b. DAYS ACCRUED LEAVE PAID 18.0		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA	
	28. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000					
REMARKS	30 REMARKS BLOOD GROUP A POS AGE SCORES: M80 A95 G80 E80 NAC 25 JAN 67 FT HOLABIRD MD							
AUTHENTICATION	31 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Fouke Miller Co AR RT 1 Box 101			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
	33 TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER O.R. CUNNINGHAM, MSGT, USAF CH CAREER ASSISTANCE & COUNSELING			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 