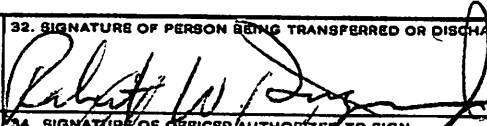


**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>INGRAM ROBERT WILSON JR</b>				2. SERVICE NUMBER <b>AF 15758066</b>		3. SOCIAL SECURITY NUMBER <b>162   36   8770</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>				5a. GRADE, RATE OR RANK <b>SSGT</b>	b. PAY GRADE <b>E-5</b>	6. DATE OF RANK <b>1</b>	MONTH <b>Mar</b>	YEAR <b>69</b>
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>WILMINGTON, DELAWARE</b>			9. DATE OF BIRTH <b>16</b>	MONTH <b>Jan</b>	YEAR <b>46</b>	
SELECTIVE SERVICE DATA	10 a. SELECTIVE SERVICE NUMBER <b>7   5   46   27</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #5 Wilmington, New Castle, Delaware 19801</b>			c. DATE INDUCTED <b>N/A</b>		
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>FORBES AFB, KANSAS</b>				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>SDN 715 par 3-8Q AFM 39-10 &amp; MSG 221700Z (Early Release)</b>				d. EFFECTIVE DATE <b>13</b>	MONTH <b>Feb</b>	YEAR <b>70</b>		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>821 Cmbt Scty Police Sq (TAC)</b>			13 a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>N/A</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAFR</b>					15. REENLISTMENT CODE <b>1</b>			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY <b>24</b> MONTH <b>Apr</b> YEAR <b>72</b>		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>AFQT: 8B 46 III</b>			b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY <b>25</b> MONTH <b>Apr</b> YEAR <b>66</b>		
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>BASIC AIRMAN E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>PHILADELPHIA, PA</b>					
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>2522 Reynolds Avenue Claymont, New Castle, Delaware 19703</b>		23 a. SPECIALTY NUMBER & TITLE <b>70250 Admin Specialist</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>169.168</b>		22. STATEMENT OF SERVICE			
				a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	YEARS <b>03</b>	MONTHS <b>09</b>	DAYS <b>19</b>	
					(2) OTHER SERVICE	<b>00</b>	<b>00</b>	<b>00</b>	
					(3) TOTAL (Line (1) plus Line (2))	<b>03</b>	<b>09</b>	<b>19</b>	
				b. TOTAL ACTIVE SERVICE	<b>03</b>	<b>09</b>	<b>19</b>		
				c. FOREIGN AND/OR SEA SERVICE	<b>00</b>	<b>05</b>	<b>15</b>		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>///NDSM AFM 900-3///SAEMR SOG-226, HqIMTC, 3Aug66///VSM w/1BSS AFM 900-3///AFCM SOG-2769, Hq7thAF, 1968///</b>									
25. EDUCATION AND TRAINING COMPLETED <b>Admin Spec1 Crse 70000 ECI Administrative Practices Crse 70250 ECI Motor Transportation Supvr 60370 ECI Vehicle Operator 60350 ECI</b>									
VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO TIME LOST</b>			b. DAYS ACCRUED LEAVE PAID <b>19.0</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>N/A</b>	c. MONTH ALLOTMENT DISCONTINUED <b>N/A</b>
	28. VA CLAIM NUMBER <b>C- N/A</b>			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE					
REMARKS	30. REMARKS <b>HIGH SCHOOL - GRADUATE BLOOD GROUP: O POS ODSD: * 8 OCT 66 AQE/Nov65: G70, A80, M60, E60 LNAC, 23May66, OSI Dist 4</b> <b>I have been counseled as to conditions for my re-entry into the AF and I understand that every former AF member must meet the enlistment standards in effect at the time of his application.</b>								
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>Same as Item #21</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>ROBERT E. HARTMAN, CAPT, USAF Chief, Personal Affairs Section</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 