

CLK 4630 130

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME KUENNEN ROBERT GARY		2. SERVICE NUMBER AF 16925194		3. SOCIAL SECURITY NUMBER 485 62 2512		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF			5a. GRADE, RATE OR RANK SSGT	b. PAY GRADE E 5	6. DATE OF RANK 1 JAN 71	
	7. U S CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) OELWEIN, IA			9. DATE OF BIRTH 16 APR 49	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 13 33 49 90		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB# 13-33 OELWEIN, IA			c. DATE INDUCTED NA	
	11a. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY			b. STATION OR INSTALLATION AT WHICH EFFECTED TRAVIS AFB FAIRFIELD, GA			
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY PARA 3-8C SEC B CHAP 3 AFM 39-10 (SDN 411) COG				d. EFFECTIVE DATE 27 FEB 72	e. DATE OF ENTRY 13 OCT 67	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 377 SPS (PACAF)			13a. 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/UMT&S OBLIGATION 12 OCT 73		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 AFQT: (941)			b. TERM OF SERVICE (Years) 5 4 12	
18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) DES MOINES, IA			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) MAYNARD, IA		22. STATEMENT OF SERVICE					
23a. SPECIALTY NUMBER & TITLE 81150 SEC POL		b. RELATED CIVILIAN OCCUPATION AND D.O.T NUMBER GUARD 372.868		c. DATE OF ENTRY 13 OCT 67			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM: VSMwLBSS: RVCM: AFGCM AFM 900-3/AFCM SOG 2273 HQ 7AF 17JUL71//							
25. EDUCATION AND TRAINING COMPLETED SEC POL CR 81130 COMPL68/UPG TNG GEN SUBJ CR 10000 COMPL68/ AIR POL AP SUPVR CR 77150 COMPL68//							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO NON PAY PERIODS		b. DAYS ACCRUED LEAVE PAID 60 DAYS		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALL... NONE
	NO TIME LOST		28. VA CLAIM NUMBER C- NONE		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 HS GRAD/BLOOD GP A NEG/G85 A95 M85 E95 UNDATED/LNAC 6NOV67 DODNACC FT HOLABIRD,MD/DAFSC 81150/PCS TO: INDOCHINA-NO VIETNAM-YES KOREA-NO/"I HAVE BEEN COUNSELED AS TO CONDITIONS FOR MY REENTRY INTO THE AIR FORCE AND I UNDERSTAND THAT EVERY FORMER AIR FORCE MEMBER MUST MEET THE ENLISTMENT STANDARDS IN THE EFFECT AT TIME OF HIS APPLICATION."/						
AUTHENTICATION	31. PERMANENT ADDRESS, FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 812 1ST AVE NE OELWEIN, IA 50662				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Robert G. Kuennen</i>		
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER J.B. FITZGERALD, CWO W4, USAF ASST CHIEF, PORT SEPARATION SECTION				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J. B. Fitzgerald</i>		

INST. NO. **6316**
 STORY COUNTY, IOWA
 FILED FOR RECORD
 OCT - 1 1973
 BY **ELLEN M. HORNBACHER, Recorder**
 Deputy

INSTR. NO. **6316** FILED FOR RECORD THE **1st** DAY OF **October** 19 **73** AT **3/6** STATE OF IOWA, STORY COUNTY.
 RECORDING FEE **None** **October**
 TRANSFER FEE **None** **October** **733** **Ellen M. Hornbacher** Recorder

