

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

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>LEHNERT JOHN MATTHEW</b>			2. SERVICE NUMBER <b>NONE</b>			3. SOCIAL SECURITY NUMBER <b>██████████ 8611</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REG AF</b>			5a. GRADE, RATE OR RANK <b>SGT</b>		b. PAY GRADE <b>E-4</b>	6. DATE OF RANK <b>01 AUG 71</b>	DAY	MONTH	YEAR	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8. PLACE OF BIRTH (City and State or Country) <b>JERSEY CITY, NJ</b>			9. DATE OF BIRTH <b>23 OCT 46</b>	DAY	MONTH	YEAR	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>28 257 46 1636</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #257, MORRISTOWN, MORRIS, NJ. 07810</b>			c. DATE INDUCTED <b>NA</b>				
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
TRANSFER OR DISCHARGE DATA	11 a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>OFFUTT AFB, OMAHA, NE 68113</b>							
	c. REASON AND AUTHORITY <b>AFM 39-10 CH 3 PARA 3-1 (SDN 203) EXPIRATION TERM OF SERVICE</b>						d. EFFECTIVE DATE <b>19 OCT 73</b>	DAY	MONTH	YEAR	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>3902 ABW DT (SAC)</b>			13 a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>NA</b>				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAFR</b>						15. REENLISTMENT CODE <b>1</b>				
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION <b>29 JUL 75</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>AMPT: 493</b>			b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY <b>22 OCT 69</b>			
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
	18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB</b>			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>NEWARK, NJ</b>				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>36 CAROL DR., SUCCASUNNA, MORRIS CO., NJ 07876</b>						22. STATEMENT OF SERVICE	YEARS	MONTHS	DAYS	
	23a. SPECIALTY NUMBER & TITLE <b>70250A ADMIN SPECL</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>209.388 CLERK TYPIST</b>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	11	28
							(2) OTHER SERVICE	00	02	22	
							(3) TOTAL (Line (1) plus Line (2))	04	02	20	
							b. TOTAL ACTIVE SERVICE	03	11	28	
							c. FOREIGN AND/OR SEA SERVICE	01	05	14	
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM AFM 900-3// AFGCM (22OCT69-21OCT72) AFM 900-3// VSM AFM 900-3// RVCVM AFM 900-3// AFQM, 29APR71, SOG-1323, HQ. 7th AF// AFOUA AFP 900-2//</b>										
25. EDUCATION AND TRAINING COMPLETED <b>BASIC MIL TRNG ABM 99000 COMPL 69// SEC POL SPECL-SEC POL SUPV ECI CRSE 81150 COMPL 70// ADMIN SPECL ECI CRSE 70250 COMPL 72// SEC POL COMBAT PREPAREDNESS CRSE 3AZR 81150 COMPL 70</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>35</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>	
				28. VA CLAIM NUMBER <b>C- NONE</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE					
REMARKS	30. REMARKS <b>COLLEGE: BA (SOC) - COMPL 69 INDOCHINA-NO VIETNAM-YES KOREA-NO BLOOD GROUP: O POS M-50 A-90 G-80 E-55 DAFSC: 70250A LNAC, 20NOV69, DOD NACC, FT. HOLABIRD, MD. 21219</b>										
	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 <i>John M. Lehnert</i>					
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>JOHN K. MILLER JR, SMSGT, USAF NCOIC, DPMMC</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>John K. Miller Jr</i>					