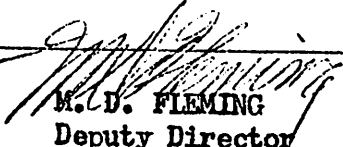


THIS IS A SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME MITCHELL ROBERT JAMES			2. SERVICE NUMBER AF 22811182		3. SOCIAL SECURITY NUMBER [REDACTED] 8368			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			5a. GRADE, RATE OR RANK SGT	b. PAY GRADE E-4	6. DATE OF RANK 01 MAR 69			
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) PROVIDENCE RI			9. DATE OF BIRTH 19 NOV 45			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA			c. DATE INDUCTED DAY MONTH YEAR NA			
	11 a. TYPE OF TRANSFER OR DISCHARGE RELEASE FROM ACTIVE DUTY				b. STATION OR INSTALLATION AT WHICH EFFECTED ELLSWORTH AFB, SOUTH DAKOTA				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY (SDN 715) par 3-8q, SECT B, CHAP 3, AFM 39-10					d. EFFECTIVE DATE 31 MAR 70			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 821 SPS (SAC)			13 a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED NONE		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AFRes					15. REENLISTMENT CODE RE-1			
	16. TERMINAL DATE OF RESERVE/UMT & OBLIGATION DAY MONTH YEAR 01 DEC 71		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 13 MAY 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) PROVIDENCE RI					
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) FANNING LANE, GREENVILLE, RI 02828		22. STATEMENT OF SERVICE			YEARS MONTHS DAYS				
23a. SPECIALTY NUMBER & TITLE 81150-SCTY POLICE		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		a. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		03 10 19	
						(2) OTHER SERVICE		00 05 11	
						(3) TOTAL (Line (1) plus Line (2))		04 04 00	
				b. TOTAL ACTIVE SERVICE		03 10 19			
				c. FOREIGN AND/OR SEA SERVICE		01 08 00			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM AFGCM VSM w/lbss RVCM									
25. EDUCATION AND TRAINING COMPLETED AP POLICEMAN CRSE AIR POLICE COMBAT PREPAREDNESS CRSE AIR POLICE AP SUPVR CRSE									
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO LOST TIME		b. DAYS ACCRUED LEAVE PAID 14.0		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- NONE		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 HIGH SCHOOL: GRADUATE BLOOD GROUP: B POS ODSD: 19DEC68 NAC: 20JAN67, DOD NACC/SECRET AOE: G-95, A-90, M-95, E-95								
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 12 FANNING LANE, GREENVILLE RI 02828				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Robert J. Mitchell</i>				
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R. MIKE PERRY, 2nd LT, USAF CHIEF, CAC				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R. Mike Perry</i>				

DATE OF CORRECTION		CORRECTION TO DD FORM 214, ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE		DEPARTMENT, COMPONENT AND BRANCH OR CLASS	
23 December 1970				AIR FORCE RegAF	
IDENTIFICATION DATA					
LAST NAME • FIRST NAME • MIDDLE NAME		SERVICE NUMBER	EFFECTIVE DATE OF TRANSFER OR DISCHARGE (Year, Month, Day)	SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County and State)	
MITCHELL ROBERT JAMES		AF22811182 SOC SEC ACCT NO. ██████████-4391	70 Mar 31	IB #6, Woonsocket (Providence) RI	
HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)			PERMANENT ADDRESS FOR MAILING GIVEN ON ORIGINAL DD FORM 214		
Fanning Lane Greenville, Rhode Island 02828			12 Fanning Lane Greenville, Rhode Island 02828		
CORRECTIONS					
THE ORIGINAL ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE (DD Form 214) FOR THE ABOVE-NAMED INDIVIDUAL IS CORRECTED AS INDICATED BELOW:					
ITEM NO.	CORRECTED TO READ				
3	FROM: 127-40-8368 TO: 037-30-4391				
10a	37-6-45-654				
10b	LB #6, Woonsocket (Providence) RI				
Action Completed	 M. D. FLEMING Deputy Director Directorate of Reserve Personnel Records (Signature of Authorizing Officer)				
WPERP				
RPG	P.P.S.S				
DATE	26-12-70				

DD FORM 215
1 MAR 65

REPLACES EDITION OF 1 NOV 55 WHICH IS OBSOLETE AFTER 31 DEC 68.

2