

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME MCNEELY RANDALL REED			2. SERVICE NUMBER AF11722103			3. SOCIAL SECURITY NUMBER 6456				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE-Reg AF			5. GRADE, RATE OR RANK SGT		6. PAY GRADE E4	6. DATE OF RANK 1 MAR 70	DAY 1	MONTH MAR	YEAR 70	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Madison, West Virginia				9. DATE OF BIRTH 24 JUN 47	DAY 24	MONTH JUN	YEAR 47	
SELECTIVE SERVICE DATA	10. SELECTIVE SERVICE NUMBER 46 10 47 325			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#10, Fairmont, West Virginia			c. DATE INDUCTED N/A				
	DAY 46	MONTH 10	YEAR 47	DAY 325	MONTH LB#10	YEAR Fairmont, West Virginia	DAY N/A	MONTH N/A	YEAR N/A		
TRANSFER OR DISCHARGE DATA	11 a. TYPE OF TRANSFER OR DISCHARGE Release From Active Duty			b. STATION OR INSTALLATION AT WHICH EFFECTED Loring AFB, Limestone, Maine 04750							
	c. REASON AND AUTHORITY AFM 39-10, Chap 3, Sec B, Para 3-8m(SDN 203)						d. EFFECTIVE DATE 6 NOV 71	DAY 6	MONTH NOV	YEAR 71	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 42d SPSq(SAC)			13 a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED N/A				
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AFRC(ORL)						15. REENLISTMENT CODE 1				
SERVICE DATA	15. TERMINAL DATE OF RESERVE/UMPS OBLIGATION 6 NOV 73			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION g. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER AFQT: 742			b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY 7 NOV 67			
	DAY 6	MONTH NOV	YEAR 73	DAY 7	MONTH NOV	YEAR 67	DAY 7	MONTH NOV	YEAR 67		
	18. PRIOR REGULAR ENLISTMENTS NONE			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB/E1			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Fairmont, West Virginia				
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 102 Mohawk Dr., Barrackville, W.Va. 26559						22. STATEMENT OF SERVICE				
	23 a. SPECIALTY NUMBER & TITLE 81150-Security Specialist			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Guard 372.868			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD 04 00 00	YEARS 04	MONTHS 00	DAYS 00
	a. CREDITABLE FOR BASIC PAY PURPOSES	(2) OTHER SERVICE 00 00 00	YEARS 00	MONTHS 00	DAYS 00	(3) TOTAL (Line (1) plus Line (2)) 04 00 00	YEARS 04	MONTHS 00	DAYS 00		
	b. TOTAL ACTIVE SERVICE 04 00 00	YEARS 04	MONTHS 00	DAYS 00	c. FOREIGN AND/OR SEA SERVICE 01 00 00	YEARS 01	MONTHS 00	DAYS 00			
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, AFM 900-3/VSM, AFM 900-3/AFCM(SO-G-713, 16 FEB 70, 15 APR 69-10 APR 70)7AF/RVCM, AFM 900-3/AFGCM, AFM 900-3, 7 NOV 67- 6 NOV 70/										
	25. EDUCATION AND TRAINING COMPLETED AEM 00010, Compl 67/Crs 10000, Compl 68/										
	VA AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS TIME LOST (Preceding Two Years) NO LOST TIME			b. DAYS ACCRUED LEAVE PAID (59.0) FIFTY-NINE		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT N/A		c. MONTH ALLOTMENT DISCONTINUED N/A
28. VA CLAIM NUMBER C- N/A			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 College 61SH/Blood Group: O POS/AQE SCORES: G-65, A-75, M-70, E-65/INAC, 30 NOV 67, DOD NACC, Dir OSI, Wash, D.C./"I have been counseled as to conditions for my reentry into the Air Force and I understand that every former member must meet the enlistment standards in effect at the time of his application,"/ Member paid for Fifty-Nine (59.0) days acc lv/										
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM #21					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Randall Reed McNeely</i>					
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER THOMAS E. ULRICH 2d Lt., USAF CHIEF CBPO-CAC					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Thomas E. Ulrich</i>					