
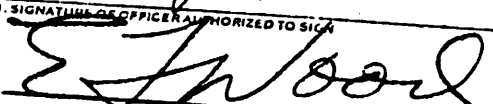


THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

3 15 75

1. LAST NAME - FIRST NAME - MIDDLE NAME OLSON ROBERT JAMES			2. SEX M	3. SOCIAL SECURITY NUMBER 6821	4. DATE OF BIRTH YEAR 1953 MONTH Oct DAY 20																												
8. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			6. GRADE, RATE OR RANK Sgt	5. PAY GRADE E4	7. DATE OF RANK YEAR 1973 MONTH Jul DAY 01																												
9a. SELECTIVE SERVICE NUMBER NA	b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE NA		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 3145 N Palmer Milwaukee, Milwaukee, WI 53212																														
9b. TYPE OF SEPARATION Release From Active Duty			d. STATION OR INSTALLATION AT WHICH EFFECTED McGuire AFB NJ																														
6. AUTHORITY AND REASON AFM 39-10 SPD MBK				d. EFFECTIVE DATE 1975 Jul 7	YEAR MONTH DAY																												
2. CHARACTER OF SERVICE H-NORABLE			f. TYPE OF CERTIFICATE ISSUED NA		10. REENLISTMENT CODE RE1																												
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 7551 CSG USAF			12. COMMAND TO WHICH TRANSFERRED USAFB																														
13. TERMINAL DATE OF RESERVE/MSB OBLIGATION YEAR MONTH DAY 1977 Jul 7		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Milwaukee WI 53212			15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 1971 Jul 8																												
16a. PRIMARY SPECIALTY NUMBER AND TITLE 81250 Law Enforcement Spec		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 375.388 Patrolman		18. RECORD OF SERVICE																													
17a. SECONDARY SPECIALTY NUMBER AND TITLE NONE		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		<table border="1"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> </thead> <tbody> <tr> <td>(a) NET ACTIVE SERVICE THIS PERIOD</td> <td>04</td> <td>00</td> <td>00</td> </tr> <tr> <td>(b) PRIOR ACTIVE SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>(c) TOTAL ACTIVE SERVICE (a + b)</td> <td>04</td> <td>00</td> <td>00</td> </tr> <tr> <td>(d) PRIOR INACTIVE SERVICE</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>(e) TOTAL SERVICE FOR PAY (c + d)</td> <td>04</td> <td>00</td> <td>00</td> </tr> <tr> <td>(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD</td> <td>01</td> <td>06</td> <td>11</td> </tr> </tbody> </table>			YEARS	MONTHS	DAYS	(a) NET ACTIVE SERVICE THIS PERIOD	04	00	00	(b) PRIOR ACTIVE SERVICE	00	00	00	(c) TOTAL ACTIVE SERVICE (a + b)	04	00	00	(d) PRIOR INACTIVE SERVICE	00	00	00	(e) TOTAL SERVICE FOR PAY (c + d)	04	00	00	(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	01	06	11
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(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	01	06	11																														
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1954 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 180 Days			20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1 - 12 grades) COLLEGE 0 YRS																														
21. TIME LOST (Including Two Yrs.) NO TIME LOST	22. DAYS ACCRUED LEAVE PAID 05	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES NONE																													
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, AFGCM (1971Jul8-1974Jul7) AFM 900-3			25. PERSONNEL SECURITY INVESTIGATION a. TYPE *LNAC b. DATE COMPLETED 1971Aug2																														
27. REMARKS Blood Group O Pos M55 A50 G55 E65 AFQT 822 DAFSC 81250 *25a Ft Holabird MD Completed 18 of 24 Month tour																																	
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 2942 A N Fratney Milwaukee, Milwaukee, WI 53212			29. SIGNATURE OF PERSON BEING SEPARATED 																														
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER E F WOOD ASGT USAR Chief Post Separation Facility			31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 																														

DD FORM 214 1977

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

REPORT OF SEPARATION FROM SERVICE

14



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**CORRECTION TO DD FORM 214,
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle Initial) OLSON ROBERT JAMES		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--REG AF		3. SOCIAL SECURITY NUMBER (Also, Service Number if applicable) 395 56 6821		
4. MAILING ADDRESS (Include ZIP Code) 2942 A N FRATNEY MILWAUKEE, MILWAUKEE, WI 53212						
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:						
ITEM NO.	CORRECTED TO READ					
	SEPARATION DATE ON DD FORM 214 BEING CORRECTED 7 Jul 1975					
18F 26	TO: 2 YRS, 0 MONS, 1 DAY ADD: PRESIDENTIAL UNIT CIATION VIETNAM SERVICE MEDAL AIR FORCE LONGEVITY SERVICE AWARD -----NOTHING FOLLOWS-----					
6. DATE (YYYYMMDD) 20080624	7. OFFICIAL AUTHORIZED TO SIGN a. TYPED NAME (Last, First, Middle Initial) GONZALES, GENNA M.		b. GRADE SSGT	c. TITLE NCOIC, DD FORM 214 CORRECTIONS	d. SIGNATURE 