

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME SEITER WILLIAM MICHAEL			2. SEX M	3. SOCIAL SECURITY NUMBER [REDACTED]			4. DATE OF BIRTH YEAR 48 MONTH SEP DAY 06
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REG AF			6a. GRADE, RATE OR RANK SGT		b. PAY GRADE E4	7. DATE OF RANK YEAR 70 MONTH JAN DAY 01	
8a. 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) 2965 E 196th ST BRONX NY 10465			
9a. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY				b. STATION OR INSTALLATION AT WHICH EFFECTED McGUIRE AFB NJ			
c. AUTHORITY AND REASON AFM 39-10 SDN 411					d. EFFECTIVE DATE YEAR 73 MONTH AUG DAY 03		
e. CHARACTER OF SERVICE HONORABLE				f. TYPE OF CERTIFICATE ISSUED NA		10. REENLISTMENT CODE RE-ONE (1)	
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND DET 21 601 TCW (USAFB)				12. COMMAND TO WHICH TRANSFERRED USAFR			
13. TERMINAL DATE OF RESERVE/MSR OBLIGATION YEAR 74 MONTH FEB DAY 04		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) NEW YORK CITY				15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR 68 MONTH MAR DAY 08	
16a. PRIMARY SPECIALTY NUMBER AND TITLE 29150 COMM CTR SPEC		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 822.131 RADIO MESSAGE ROUTER		18. RECORD OF SERVICE			
17a. SECONDARY SPECIALTY NUMBER AND TITLE NA		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1 - 12 grades) COLLEGE ___ YRS			
21. TIME LOST (Preceding Two Yrs.) NO TIME LOST		22. DAYS ACCRUED LEAVE PAID 22		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT _____	
				25. PERSONNEL SECURITY INVESTIGATION a. TYPE N/A b. DATE COMPLETED NA			
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM AFGCM VSM RCVM AFM900-3							
27. REMARKS BLOOD GROUP O POS AQE M30 A85 G55 E40 AFQT 46III I HAVE BEEN COUNSELED AS TO CONDITIONS FOR REENTRY INTO THE AF AND I UNDERSTAND THAT EVERY FORMER AF MEMBER MUST MEET ENL STANDARDS IN EFF AT THE TIME OF HIS APP							
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 140-14 BENCHLEY BRONX NY				29. SIGNATURE OF PERSON BEING SEPARATED <i>William M. Seiter</i>			
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER W C JONES CMSGT USAF				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>W. C. Jones</i>			

18 OCT 1973