

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

DONS

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>SAPP LANCE UVONE</b>			2. SERVICE NUMBER <b>AF 12791174</b>			3. SOCIAL SECURITY NUMBER <b>258   82   2517</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE Reg AF</b>				5b. GRADE, RATE OR RANK <b>SGT</b>		5c. PAY GRADE <b>E-6</b>		6. DATE OF BIRTH <b>1   May   70</b>	
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Cochran, Georgia</b>				9. DATE OF BIRTH <b>24   May   50</b>			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>9   12   50   45-4</b>			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB# 12, Cochran, Bleckley, Georgia 31014</b>				10c. DATE INDULGED <b>NA</b>		
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>				11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Malmstrom AFB, Great Falls, Montana</b>					
TRANSFER OR DISCHARGE DATA	11c. REASON AND AUTHORITY <b>(SDN 203) Chap 3, Sec B, Para 3-4, AFM 39-10</b>					12. EFFECTIVE DATE <b>13   Oct   72</b>				
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Det 1, 5th FIS (ADC)</b>				13. CHARACTER OF SERVICE <b>HONORABLE</b>			14. TYPE OF CERTIFICATE ISSUED <b>NA</b>		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>HQ CAC (ORS) ARPC, 3800 York Street, Denver, Colorado</b>						15. REENLISTMENT CODE <b>1</b>			
	16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION <b>15   Oct   74</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 checked="" type="checkbox"/> OTHER <b>AFQT: 832</b>			18. TERM OF SERVICE (Years) <b>4</b>		19. DATE OF ENTRY <b>16   Oct   68</b>	
19. PRIOR REGULAR ENLISTMENTS <b>None</b>			20. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Atlanta, Georgia</b>					
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>RFD # 1, Cochran, Bleckley, Georgia 31014</b>			22. STATEMENT OF SERVICE							
23a. SPECIALTY NUMBER & TITLE <b>81150 Sec Pol</b>			23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Guard Sgt 372,168</b>			22. CREDITABLE FOR BASIC PAY PURPOSES				
						a. NET SERVICE THIS PERIOD <b>03   11   28</b>				
						b. OTHER SERVICE <b>00   00   00</b>				
						c. TOTAL (Line (1) plus Line (2)) <b>03   11   28</b>				
						b. TOTAL ACTIVE SERVICE <b>03   11   28</b>				
						c. FOREIGN AND/OR SEA SERVICE <b>01   00   00</b>				
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN ribbons AWARDED OR AUTHORIZED <b>NDSM, AFM 900-3 AFGCM (16Oct68-15Oct71), AFM 900-3 VSM, AFM 900-3 AFM, SOG-0922, Hq 7th AF, 18 Apr 72 RVCM, AFM 900-3 SAEMR, AFM 900-3</b>										
25. EDUCATION AND TRAINING COMPLETED <b>Sec Pol 3ABR81130, 1969 Sec Pol Sup ECI Crse 81150, 1969 Sec Pol AZR Combat Preparedness, 1970</b>										
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>No Time Lost</b>			26b. DAYS ACCRUED LEAVE PAID		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. AMOUNT OF ALLOTMENT <b>NA</b>		29. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
				28. VA CLAIM NUMBER <b>C- NA</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>HIGH SCHOOL: Graduated BLOOD GROUP: A Pos AQE: M-60, A-55, G-55, E-65 ODSD: 26 Jan 72 LANC: 13 Nov 68 DOD NACC</b>									
	<b>"I have been counseled as to conditions for my reentry into the Air Force and I understand that every former Air Force member must meet the enlistment/reenlistment standards in effect at the time of his application."</b>									
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>See Item # 21</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Jane U. Sapp</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>RICHARD W. CORZINE, CMSGT, USAF PERSONNEL SGT MAJOR</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Richard W. Corzine</i>				