

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>TEED RICHARD CHARLES</b>			2. SERVICE NUMBER <b>NONE</b>			3. SOCIAL SECURITY NUMBER <b>018   36   0203</b>					
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REG AF</b>			5a. GRADE, RATE OR RANK <b>SSGT</b>		b. PAY GRADE <b>E-5</b>	6. DATE OF RANK <b>01 NOV 72</b>		7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	8. PLACE OF BIRTH (City and State or Country) <b>HARTFORD, CT</b>			9. DATE OF BIRTH <b>18 MAR 48</b>		c. DATE INDUCTED <b>NA</b>						
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>19 81 48 49</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#81, SPRINGFIELD, HAMPDEN, MA 01109</b>				c. DATE INDUCTED <b>NA</b>				
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>OFFUTT AFB, OMAHA, NEBRASKA 68113</b>								
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AFM 39-10 CH 3 SEC B PARA 3-8j</b>			d. EFFECTIVE DATE <b>31 AUG 73</b>			e. TYPE OF CERTIFICATE ISSUED <b>NA</b>					
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>3902 SP (SAC)</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>			15. REENLISTMENT CODE <b>1</b>					
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAFR</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 type="checkbox"/> OTHER <b>AFQT: 513</b>								
	16. TERMINAL DATE OF RESERVE/UMT & S OBLIGATION DAY MONTH YEAR <b>28 OCT 75</b>		b. TERM OF SERVICE (Years) <b>4</b>			c. DATE OF ENTRY DAY MONTH YEAR <b>29 OCT 69</b>						
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>SPRINGFIELD, MA</b>								
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>895 ROOSEVELT AVE, SPRINGFIELD HAMPDEN CO., MA 01109</b>			22. STATEMENT OF SERVICE			YEARS		MONTHS		DAYS	
	23a. SPECIALTY NUMBER & TITLE <b>70250 ADMIN SPECL</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>CLERK TYPIST 209.388</b>			a. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		<b>03 10 03</b>	
							(2) OTHER SERVICE		<b>00 00 00</b>			
	b. TOTAL ACTIVE SERVICE		<b>03 10 03</b>		c. FOREIGN AND/OR SEA SERVICE		<b>00 09 24</b>					
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM AFM 900-3// AFGCM AFM 900-3 (29 OCT 69-28 Oct 72)// AFOUA W/OLC AFP 900-2// VSM AFM 900-3//</b>											
25. EDUCATION AND TRAINING COMPLETED <b>BASIC MIL TNG ABM 99000 COMPL 69 ADMIN SPECL CRSE #70250 COMPL 73 AIR FORCE MANAGEMENT CRSE 1 COMPL 73 SECURITY POLICEMAN (ECI) CRSE #81150 COMPL 70</b>												
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NO TIME LOST</b>			b. DAYS ACCRUED LEAVE PAID <b>14</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>NA</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		
	28. VA CLAIM NUMBER <b>C- NONE</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>COLLEGE--BA(GERMAN)--69 INDOCHINA--NO KOREA--NO VIETNAM--YES BLOOD GROUP O POS M50, A65, G70, E60 DAFSC: 70250 LNAC, 28 NOV 69, DODNACC, FT. HOLABIRD, MD 21219</b>											
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>SAME AS ITEM #21.</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Richard C Teed</i>						
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>JOHN K. MILLER, SMSGT, USAF NCOIC, DPMMC</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>John K Miller</i>						