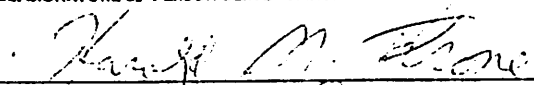


**SAFEGUARD II.**

<b>PERSONAL DATA</b>	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>THRONE HAROLD MARVIN</b>				2. SERVICE NUMBER <b>AF11771320</b>			3. SOCIAL SECURITY NUMBER <b>██████████ 5490</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE-Reg AF</b>				5a. GRADE, RATE OR RANK <b>SGT</b>		b. PAY GRADE <b>E4</b>	6. DATE OF RANK <b>1 MAY 71</b>	DAY	MONTH	YEAR
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Newark, New Jersey</b>				9. DATE OF BIRTH <b>15 AUG 50</b>	DAY	MONTH	YEAR	
<b>SELECTIVE SERVICE DATA</b>	10a. SELECTIVE SERVICE NUMBER <b>28 42 50 928</b>				b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#42, Elizabeth, New Jersey</b>				c. DATE INDUCTED <b>N/A</b>		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
<b>TRANSFER OR DISCHARGE DATA</b>	11a. TYPE OF TRANSFER OR DISCHARGE <b>Release From Active Duty</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Loring AFB, Limestone, Maine 04750</b>						
	c. REASON AND AUTHORITY <b>AFM 39-10, Para 3-8j (SDN 413)</b>						d. EFFECTIVE DATE <b>1 SEP 72</b>	DAY	MONTH	YEAR	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>42d SPSq(SAC)</b>				13a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>N/A</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>ARPC(ORS)</b>							15. REENLISTMENT CODE <b>1</b>			
<b>SERVICE DATA</b>	16. TERMINAL DATE OF RESERVE/ UMT & S OBLIGATION			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION				b. TERM OF SERVICE (Years)	c. DATE OF ENTRY		
	DAY	MONTH	YEAR	a. SOURCE OF ENTRY:	<input checked="" type="checkbox"/> ENLISTED (First Enlistment)	<input type="checkbox"/> ENLISTED (Prior Service)	<input type="checkbox"/> REENLISTED	DAY	MONTH	YEAR	
	<b>9</b>	<b>JAN</b>	<b>75</b>	<input checked="" type="checkbox"/> OTHER	<b>AFQT: 294</b>			<b>4</b>	<b>10</b>	<b>JAN</b>	<b>69</b>
	18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>				19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB/E1</b>			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Newark, New Jersey</b>			
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>960 CALDWELL AVE. UNION, N.J. 07083</b>				22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	a.	(1) NET SERVICE THIS PERIOD	<b>03</b>	<b>07</b>	<b>22</b>	CREDITABLE FOR BASIC PAY PURPOSES	(2) OTHER SERVICE	<b>00</b>	<b>00</b>	<b>00</b>	
	b.	(3) TOTAL (Line (1) plus Line (2))	<b>03</b>	<b>07</b>	<b>22</b>	b. TOTAL ACTIVE SERVICE	<b>03</b>	<b>07</b>	<b>22</b>		
	c.	FOREIGN AND/OR SEA SERVICE	<b>01</b>	<b>00</b>	<b>00</b>	c. FOREIGN AND/OR SEA SERVICE	<b>01</b>	<b>00</b>	<b>00</b>		
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, AFM 900-3/VSM, AFM 900-3/</b>										
	25. EDUCATION AND TRAINING COMPLETED <b>ABM 00010, Compl 69/Crs 81130, Compl 69/Crs 81150, Compl 69/</b>										
<b>VA AND EMP. SERVICE DATA</b>	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NO LOST TIME</b>			b. DAYS ACCRUED LEAVE PAID <b>ZERO (0,0) DYS</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>N/A</b>		c. MONTH ALLOTMENT DISCONTINUED <b>N/A</b>	
	28. VA CLAIM NUMBER <b>C- N/A</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							
<b>REMARKS</b>	30. REMARKS <b>High School-4-Compl 68/Blood Group: A POS/AQE SCORES: M-15, A-45, G-55, E-25/INAC 17 FEB 69, DOD NAC, Hq USAF Wash. D.C./DAFSC: 81250/"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."/</b>										
	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 				
<b>AUTH.</b>	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>EDWARD J. HINYUB, 1st Lt., USAF CHIEF PROCESSING SECTION</b>						34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 