

VALLONE
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7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) Philadelphia, Penn.		9. DATE OF BIRTH DAY MONTH YEAR 25 Sep 46
	10. SELECTIVE SERVICE NUMBER 36 139 46 1111	11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#139, Philadelphia, Penn. 19101	
12. TYPE OF TRANSFER OR DISCHARGE Release from active duty		13. STATION OR INSTALLATION AT WHICH EFFECTED Eglin AFB Fla	
14. REASON AND AUTHORITY Par 3-8w Sec B Ch 3 AFM 39-10 & USAFMPC MSG APFMAK R/154/69 SDN 715 Convenience of the Government		15. EFFECTIVE DATE DAY MONTH YEAR 18 Feb 70	16. TYPE OF CERTIFICATE ISSUED NA
17. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3201 SFS (AFSC)		18. CHARACTER OF SERVICE HONORABLE	
19. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED AFRes		20. REENLISTMENT CODE 1	
21. TERMINAL DATE OF RESERVE/ENTIRE OBLIGATION DAY MONTH YEAR 31 Jan 70	22. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER APQT: 80-25-IV		23. TERM OF SERVICE (Years) 4
24. PRIOR REGULAR ENLISTMENTS None		25. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Airman Basic	
26. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 4203 Meridian, Street, Philadelphia Penn. 19114		27. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Philadelphia, Penn.	
28. SPECIALTY NUMBER & TITLE 81150 Security Policeman	29. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER Guard, Sergeant 372,168		30. STATEMENT OF SERVICE
31. OCCASIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM AFM 900-3 VSM w/2BBS RVCM AFGCM 19Apr66-18Apr69 AFM 900-3		32. STATEMENT OF SERVICE	
33. EDUCATION AND TRAINING COMPLETED None		34. STATEMENT OF SERVICE	
35. NON-PAY PERIODS/TIME LOST (Exceeding Two Years) No time lost		36. DAYS ACCRUED LEAVE PAID NOT PAID	37. INSURANCE IN FORCE & AMOUNT OF ALLOTMENT (NRLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NA
38. VA CLAIM NUMBER C- NA		39. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE	
40. REMARKS High School- Graduated Blood Group A Pos NAC 28Apr67 DOD NAC Center OASD: 23Apr69 Early release due to Budgetary Limitations AOE: M35 A55 G45 R40 Item 26B: Neg Bal of (-2) Days Lv.			
41. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 9329 Cottage Street, Philadelphia, Pa. 19114		42. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED Dennis Vallone	
43. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER ANTHONY P. CHIARITO, MSGT, USAF CHIEF CAREER ASS'T & COUNSELING SECTION		44. SIGNATURE OF OFFICER AUTHORIZING THIS REPORT Anthony P. Chiarito	

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PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE 1