

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME WADE JAMES CHRISTOPHER		2. SERVICE NUMBER AF 68077406		3. SOCIAL SECURITY NUMBER			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE REGAF				5. GRADE, RATE OR RANK A1C		6. PAY GRADE E 3	
	7. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) PAWN RIVER, MI		9. DATE OF BIRTH DAY: 1 MONTH: DEC YEAR: 70		10. DATE OF ENTRY DAY: 8 MONTH: JUL YEAR: 69	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 20 67 49 720		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB 267, PONTIAC, OAKLAND, MI				11. DATE INDUCTED DAY: NA MONTH: NA YEAR: NA	
	11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE		11b. STATION OR INSTALLATION AT WHICH EFFECTED ELMENDORF AFB, AK					
TRANSFER OF DISCHARGE DATA	12. REASON AND AUTHORITY 21 ABGP (DEMOS), 28 JAN 72 (SDN 265)		13. CHARACTER OF SERVICE UNDER HONORABLE CONDITIONS		14. EFFECTIVE DATE DAY: 4 MONTH: FEB YEAR: 72		15. TYPE OF CERTIFICATE ISSUED DD FORM 257 AF	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 21ST SEC POL SQ (AAC)		13. CHARACTER OF SERVICE UNDER HONORABLE CONDITIONS		14. EFFECTIVE DATE DAY: 4 MONTH: FEB YEAR: 72		15. TYPE OF CERTIFICATE ISSUED DD FORM 257 AF	
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA		15. TYPE OF CERTIFICATE ISSUED DD FORM 257 AF		16. REENLISTMENT CODE 2		17. TERMINAL DATE OF RESERVE/UNTER RECALLIGATION DAY: NA MONTH: NA YEAR: NA	
	16. TERMINAL DATE OF RESERVE/UNTER RECALLIGATION DAY: NA MONTH: NA YEAR: NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (Prior Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER AFQC: 403		18. YEAR OF SERVICE (Years) 6		19. DATE OF ENTRY DAY: 28 MONTH: OCT YEAR: 68	
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AIRMAN BASIC		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) DETROIT, MI			
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 2810 HILLENDALE DRIVE ROCHESTER, MI 48063		22. STATEMENT OF SERVICE		23. CREDITABLE FOR BASIC PAY PURPOSES			
	22. SPECIALTY NUMBER & TITLE 81150 SECURITY POLICEMAN		23. RELATED CIVILIAN OCCUPATION AND O O 7 NUMBER NA		24. NET SERVICE THIS PERIOD 03 03 07		25. OTHER SERVICE 00 00 00	
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN NUMBERS AWARDED OR AUTHORIZED NDSM; VSM, AFM 900-3//		25. NET SERVICE THIS PERIOD 03 03 07		26. OTHER SERVICE 03 03 07		27. TOTAL ACTIVE SERVICE 02 01 01	
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN NUMBERS AWARDED OR AUTHORIZED NDSM; VSM, AFM 900-3//		27. TOTAL ACTIVE SERVICE 02 01 01		28. FOREIGN AND/OR SEA SERVICE 02 01 01			
28. EDUCATION AND TRAINING COMPLETED SECURITY POLICE/SECURITY POLICE SUPVR 81150, COMPL 69//								
VA AND EMP. SERVICE DATA	29a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		29b. DAYS ACCRUED LEAVE PAID 08		29c. INSURANCE IN FORCE (Type of USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29d. AMOUNT OF ALLOTMENT NONE	
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REMARKS	29a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		29b. DAYS ACCRUED LEAVE PAID 08		29c. INSURANCE IN FORCE (Type of USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29d. AMOUNT OF ALLOTMENT NONE	
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AUTHENTICATION	30. REMARKS HS GRAD/BLOOD GP A POS/AQE: M-50, A-25, G-45, E-40, UNDATED/LNAC 15NOV68, FT HOLABIRD, MD 21219//		31. VA CLAIM NUMBER NA		32. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>James C. Wade</i>	
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AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM #21		32. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>James C. Wade</i>		34. SIGNATURE OF OFFICER AUTHORIZED TO DISCHARGE <i>Charles E. DeLoach</i>	
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM #21		32. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>James C. Wade</i>		34. SIGNATURE OF OFFICER AUTHORIZED TO DISCHARGE <i>Charles E. DeLoach</i>	