

**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>WIKANDER ERNEST JOSEPH</b>			2. SERVICE NUMBER <b>AF12718752</b>			3. SOCIAL SECURITY NUMBER <b>8225</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE</b>			5a. GRADE, RATE OR RANK <b>RegAF Sgt</b>		b. PAY GRADE <b>E4</b>	c. DATE OF RANK <b>1</b>	DAY <b>1</b>	MONTH <b>May</b>	YEAR <b>67</b>
	7. U. S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>New York, New York</b>				9. DATE OF BIRTH	DAY <b>3</b>	MONTH <b>Mar</b>	YEAR <b>45</b>
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>30 76 45 282</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #76, Rochester, Monroe, New York</b>				c. DATE INDUCTED <b>N/A</b>		
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>Release From Active Duty</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Pease AFB, New Hampshire 03801</b>						
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>(SDN 203) Expiration Term of Service, Para 3-2, Chapter 3,</b>			Section A, AFM 39-10		d. EFFECTIVE DATE	DAY <b>13</b>	MONTH <b>Aug</b>	YEAR <b>68</b>	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>509th Security Police Squadron (SAC)</b>			13 a. 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>AIR FORCE RESERVES</b>						15. REENLISTMENT CODE <b>1</b>			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR <b>13 Aug 70</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: 88 62 III</b>			b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY MONTH YEAR <b>14 Aug 64</b>		
18. PRIOR REGULAR ENLISTMENTS <b>None</b>			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>Airman Basic</b>			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Buffalo, New York</b>				
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>4450 Mt. Road Blvd., Rochester, Monroe, New York 14616</b>			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS	
	23a. SPECIALTY NUMBER & TITLE <b>81150 Security Police</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>N/A</b>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	04 00 00	
							(2) OTHER SERVICE	00 00 00		
	(3) TOTAL (Line (1) plus Line (2))	04 00 00	b. TOTAL ACTIVE SERVICE	04 00 00	c. FOREIGN AND/OR SEA SERVICE	00 11 00				
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM AFM 900-3. AFGCM (14Aug64-13Aug67) AFM 900-3.</b>									
25. EDUCATION AND TRAINING COMPLETED <b>Military Justice, 7800 (ECI), compl 65. Air Police-AP Supv, 77150 (ECI), compl 65.</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>(26.0)</b>		27 a. 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- None</b>			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE						
REMARKS	30. REMARKS <b>High School-Graduated. Blood Group: O-Positive. AGE-62/Aug64: E-70, A-60, G-65, E-55. ODSB: 30Oct66. National Agency Check completed 4Sep64, 4th District OSI, Bolling AFB, Washington 25, DC. "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 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>C/O Mrs Russell Fallis, 168 Carter St., Rochester, Monroe, New York 14621</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Ernest Joseph Wikander</i>				
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>THOMAS J. O'DAY, 2nd Lt, USAF Chief, Career Control Section</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Thomas J O'Day</i>				