

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

1. LAST NAME-FIRST NAME-MIDDLE NAME WILSON MICHAEL LEROY		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER [REDACTED]	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF		5a. GRADE, RATE OR RANK SGT	b. PAY GRADE E-4	6. DATE OF RANK DAY: 1 MONTH: Sep YEAR: 72	
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Sparta, Wisconsin		9. DATE OF BIRTH DAY: 16 MONTH: Jun YEAR: 51	
10a. SELECTIVE SERVICE NUMBER 470 30 51 0081		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB# 30 Mauston, Wisconsin		c. DATE INDUCTED DAY: MONTH: YEAR: NA	
11. TYPE OF TRANSFER OR DISCHARGE Discharged		d. STATION OR INSTALLATION AT WHICH EFFECTED Duluth Intl Apt, Minnesota			
12. REASON AND AUTHORITY SDN 264, AFM 39-12, CH 2, SEC A, PARA 2-4b		d. EFFECTIVE DATE DAY: 8 MONTH: Nov YEAR: 72	13. CHARACTER OF SERVICE HONORABLE		
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA		15. REENLISTMENT CODE RE-2		16. TYPE OF CERTIFICATE ISSUED DD Form 256AF	
17. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY: MONTH: YEAR: NA		18. 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 AFQT: 304		b. TERM OF SERVICE (Years) 4	
19. PRIOR REGULAR ENLISTMENTS NONE (0)		c. DATE OF ENTRY DAY: 16 MONTH: Nov YEAR: 70		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Milwaukee, Wisconsin	
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) PO Box 234 Camp Douglas, Wis., 54618		22. STATEMENT OF SERVICE			
23. SPECIALTY NUMBER & TITLE 81130-Apr Sec Pol Spec		d. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM AFM 900-3	
25. EDUCATION AND TRAINING COMPLETED BASIC MIL TNG- 70		26. NON-PAY PERIODS TIME LOST (Preceding Two Years) NO TIME LOST			
27. DAYS ACCRUED LEAVE PAID SEE REMARKS NOT PAID		28. VA CLAIM NUMBER NONE		29. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30. REMARKS HIGH SCHOOL GRADUATE BLOOD GROUP AB POS AGE: N-35, A-45, G-45, E-50 EMAC, 23 Dec 70; DOD NACC VIETNAM-YES INDOCHINA-NO KOREA-NO DAFSC 81130		31. AMOUNT OF ALLOTMENT NA		32. MONTH ALLOTMENT DISCONTINUED NA	
33. SERVICE MEN'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		34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Michael J. Wilson</i>			
35. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SAME AS ITEM 21		36. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Claude P. Hockert</i>			
37. GRADE AND TITLE OF AUTHORIZING OFFICER CLAUDE P. HOCKERT, SMSGT, USAF CHIEF OFPO-CAC		38. PREVIOUS EDITION OF THIS FORM IS TO BE USED.			