

170084

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

LACKLAND TC OP 174 (AUG 68)

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME CALLOWAY JAMES		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER 310 54 7050		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE, REG AF		5a. GRADE, RATE OR RANK AB	5b. PAY GRADE E1	6. DATE OF RANK 27	MONTH OCT	YEAR 70
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) GARY, IND.		9. DATE OF BIRTH 23	MONTH MAR	YEAR 50	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 12 170 50	10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE #170, GARY, LAKE, IND.			10c. DATE INDUCTED DAY MONTH YEAR NA		
	11a. TYPE OF TRANSFER OR DISCHARGE DISCHARGE		11b. STATION OR INSTALLATION AT WHICH EFFECTED LACKLAND AFB, SAN ANTONIO, TEXAS				
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY AFM 35-4, SDN 277, PHYSICAL DISABILITY - /EPT/ EPTS. <i>BLF</i>		d. EFFECTIVE DATE 6	DAY NOV	MONTH 70	YEAR	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3700TH PER P SQ(ATC)		13. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED DD FORM 256AF		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA		15. REENLISTMENT CODE RE-2				
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UNIT'S OBLIGATION DAY MONTH YEAR NA		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 type="checkbox"/> OTHER AFQT: 872			d. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY MONTH YEAR 27 OCT 70
	18. PRIOR REGULAR ENLISTMENTS NA		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) CHICAGO, ILL.		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 2655 BOCHARAY GARY, LAKE, IND. 46407		22. STATEMENT OF SERVICE				
	23a. SPECIALTY NUMBER & TITLE BASIC AMN 00010		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE		23c. CREDITABLE FOR BASIC PAY PURPOSES		
					23d. TOTAL ACTIVE SERVICE		
					23e. FOREIGN AND/OR SEA SERVICE		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM							
25. EDUCATION AND TRAINING COMPLETED NA							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		26b. DAYS ACCRUED LEAVE PAID 0		27. INSURANCE IN FORCE (NLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. AMOUNT OF ALLOTMENT \$ NA
	29. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE \$15,000				
REMARKS	30. REMARKS HIGH SCHOOL-4. "BLOOD GROUP UNKNOWN. AGE: M-60 A-95 G-80 E-90, UNKNOWN. "NOT ELIGIBLE TO RECEIVE DISABILITY SEVERANCE PAY." SECURITY INVESTIGATION: NONE. INITIAL MONETARY CLOTHING ALLOWANCE CREDIT USED: \$85.01.						
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) SEE ITEM 21			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>James Calloway</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER B.L. FREEDMAN, 1ST LT., USAF			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Bl F</i>			

DD FORM 214 JUL 66

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

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