## THIS IS AN IMPORTANT RECORD SAFEGUARD IT

ANY ATTERATIONS IN SHADED SUBS AREAS RENDER FORM VOID 5403

DD 1 JUL 79 214 9	CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY							
1. NAME (Last, first, middle) 2. DEPARTI			2. DEPARTM	ENT, COMPONENT AND BRANCH	3. SOCI	3. SOCIAL SECURITY NO.		
MARCELLE CHRISTOPHER SCOTT			Air ForceReg AF			008	60	3233
48. GRADE, RATE OR RANK	4b. PAY GRADE	5. DATE OF	BIRTH	6. PLACE OF ENTRY INTO ACTIV	E DUTY			•
SSGT	E5	1961	Dec 13	Phoenix, AZ				
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND				8. STATION WHERE SEPARATED				
380 CES (SAC)				Plattsburgh AFB, NY				
9. COMMAND TO WHICH TRANSFERRED						OVERAGE		<u> </u>
Not Applicable	T AND WEARS AND			<del></del>	AMOI	JNT \$ 50		NONE
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)				12. RECORD OF SERVICE		YEAR (s)	MON (s)	DAY (s)
				a. Date Entered AD This Period		1981	APR	30
57150, Fire Protection Specialist.				b. Separation Date This Period  C. Net Active Service This Period		1987	MAR	04
5 Years and 8 Months.				d. Total Prior Active Service		05	10_	03
				e. Total Prior Inactive Service		00	00	00
				f. Foreign Service		00	02	20
				g. Sea Service		06_	00	15
				h. Effective Date of Pay Grade		00 1986	OOT	00
				i. Reserve Oblig. Term. Date		NOT		CABLE
13. DECORATIONS, MEDALS, BADGES,	CITATIONS AND CAM	PAIGN RIBBO	NS AWARDED	OR AUTHORIZED (All periods of se	rvice)		AFFL	LCADLE
Small Arms Expert Rifle Ribbon. Air Force Overseas Long Tour Ribbon. Air Force Training								
Ribbon. Air Force Longevity Service Award Ribbon. Air Force Good Conduct Medal.								
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14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)								
Fire Protection Specialist Course, 236 Hours, Aug 81. Noncommissioned Difficer								
Orientation Course	, Aug 83.					S.	1/2	
				•		Om C	05	
						: J 2:	-	
<ol> <li>MEMBER CONTRIBUTED TO POST-V VETERANS' EDUCATIONAL ASSISTA</li> </ol>			16, HIGH	SCHOOL GRADUATE OR EQUIVAL	ENT		LEAVE PAID	
<u></u>		YES L 1	10	X YES NO		<u> 5</u>	<del></del>	<u>-36.0-</u>
				ATE: 30 April 198			-	
MEMBER WAS EITHER N	OT PROVIDED	A COMP	LETE DE	NTAL EXAMINATION	OR AL	L APPROP	RIATE	
DENTAL SERVICES AND	TREATMENT V	WERE NO	T · PROVI	DED WITHIN 90 DAY	SPRIC	OR TO SE	PARATI	ON, OR
BOTH.								
NOTHING FOLLOWS								
								,
] ·								
19. MAILING ADDRESS AFTER SEPARA	TION	<del></del>	···		20. MEMBE	R REQUESTS C	OPY 6 BE	
590 Spear Street						NT TO VT		/ET
South Burlington, V	T 05403-500	0	1		, AF	FAIRS SM	<b>√∑</b> γι	ES NO
2h SIGNATURE OF MEMBER BEING SE		1/2	Z XYPEO NA	ME JERANT AND SIGNATURE AND SIGNATURE	E OF OFFIC	IAI C		
VIII. L //		00 1	Sylvindoriz	DEMTIES C.	ITTLE	JOHN Sr.	., MSgt	usaf
1 Kutosler-X67	I Warce	elle	//	NCOIC, QUA	LITY	FORCE S	ECTION	15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -