SAFFGUARD IT

| | | | UARD IT. | | | | | | |
|--------------------------|--|--|--|-------------------------|-------------------------------|---|----------|--|--|
| | 1. LAST NAME-FIRST NAME-MIDDLE NAME | | 2. SERVICE NUMBER | | 3. SOCIAL SECURITY NUMBER | | | | |
| DATA | THOMPSON GLENN PAUL | | AF68089220 | | 304 58 8068 | | | | |
| PERSONAL D | | | 5a. GRADE, RATE OR RANK b. PAY GRADE GRADE | | DAY | MONTH | YEAR | | |
| | AIR FORCE | REGAF | SGT | E-LI RANK | 1 | OCT | 71 | | |
| E S | 7. U. S. CITIZEN 8. PLACE OF BIRTH (City and State or Country) 9. DATE | | | | DAY | MONTH | YEAR | | |
| | YX YES NO | GARY IN | | | 10 | FEB | | | |
| VICE | 10 a. SELECTIVE SERVICE NUMBER b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE | | | | | ATE INDUC | 49 | | |
| ַבָּבֶּב <u>ָ</u> | | | | | DAY | MONTH | YEAR | | |
| SER | The state of the s | | | NA | 1 | | | | |
| ų. | 11 a. TYPE OF TRANSFER OR DISCHA | RGE | b. STATION OR INSTALLATIO | N AT WHICH EFFECTED | 1 1VH | | <u> </u> | | |
| DISCHARGE | RELEASE FROM ACTIVE DUTY | | TRAVIS AFB F | | | | | | |
| | . C. REASON AND AUTHORITY | | d. | | DAY | MONTH | YEAR | | |
| | PARA 3-8c SEC B CHAP 3 AFM 39-10 (SDN I | | 411) COG EFFECTIV | | 19 | JAN | 73 | | |
| Š Š | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | | 13 a. CHARACTER OF SERVICE | | b. TYPE OF CERTIFICATE ISSUED | | | | |
| SFE | 19 TASS (PACAF) | | HONORABLE | | NA | | | | |
| TRANSFER | 14. DISTRICT, AREA COMMAND OR CO | 15. REENLISTMENT CODE | | | | | | | |
| L | USAFR | | | | | | 1 | | |
| İ | 16. TERMINAL DATE OF RESERVE! 47. CURRENT ACTIVE SERVICE GIHER THAN BY INDUCTION 6. TERM C | | | b. TERM OF | F c. DATE OF ENTRY | | | | |
| | DAY MONTH YEAR DENLISTED (First Enlistment) DEC 74 OTHER AFQT: 164 | | NLISTED (Prior Service) | SERVICE (Years) | DAY | MONTH | YEAR | | |
| | | | (1110) 0010100 | TREENLISTED | | FEB | 69 | | |
| İ | 1 | 19. GRADE, RATE OR RANK AT THE SOF ENTRY INTO CURRENT ACTIVE SVC | 20. PLACE OF ENTRY INTO C | (City and S | tate) | 103 | | | |
| | NONE AB INDIANAPOLIS IN | | | | | | | | |
| | 21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE 22. STATEMENT OF SERVICE (Street, RFD, City, County, State and ZIP Code) | | | | | MONTHS | DAYS | | |
| | · | | | VICE THIS PERIOD | 03 | 11 | 16 | | |
| ł | GARY IN | | FOR BASIC PAY (2) OTHER S | ERVICE | 00 | 01 | 22 | | |
| À | A | b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER | PURPOSES (3) TOTAL (I | Line (1) plus Line (2)) | 04 | 01 | 08 | | |
| | 64550 INVENTORY | RECEIVING&SHIPPING | b. TOTAL ACTIVE SERVICE | | 03 | 11 | 16 | | |
| | MGT SPECL | FOREMAN 223.138 | c. FOREIGN AND/ OR SEA SER | RVICE | 02 | 06 | 00 | | |
| ř. | 14. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS IND CAMPAISH RIBBONS AWARDED OR AUTHORIZED | | | | | | | | |
| 3 | NDSM, AFGCM, AFEM (KOREA): AFM 900-3// | | | | | | | | |
| | This Document is the property of S. EDUCATION AND TRAINING COMPLETED INVENTORY MGT SPECI CRSE 3 ABR 64530 COMPL 69/ EGI CRSE 64550 COMPL 69// | | | | | | , | | |
| | | | | | | | | | |
| İ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 | | | | | S | | | | |
| | | | S | | | | | | |
| ì | | | | | - | | | | |
| | 26 a. NON-PAY PERIODS TIME LOST (| Preceding b. DAYS ACCRUED LEAVE PAID | 27 g (NS)(DA)(GS (1) | | <u> </u> | | | | |
| | Two Years) | A STATE OF THE STA | (NSLI or USGLI) | AMOUNT OF ALLOTMENT | r Jc. | Mc | | | |
| VA AND EN SERVICE DAT | | 37 DAVS | YES NO | NONE | | NA | | | |
| N S | NO NON PAY PERIOD | | 29. SERVICEMEN'S GROUP LIFE | | <u>-</u> -L | 7,17,7 | | | |
| SER. | NO TIME LOST C- NONE \$15,000 \$10,000 \$5,000 | | | | | | 1 | | |
| | | | | | | .94 : | 1 | | |
| | 30. REMARKS HS-GRAD/ BLOOD GP: A POS/MIS ASE THIO TROOT THAT A MAD OF PARTY OF | | | | | | | | |
| S | TOTAL TANDERS DESCRIPTION OF THE PROPERTY OF T | | | | | | | | |
| REMARKS | E THAT AND DETEND OF OUR OF THE PENDENT OF THE MAN SERVICE AND THE | | | | | T - T - T - T - T - T - T - T - T - T - | מישרוי | | |
| 2 EX | STAND THAT EVERY FORMER AIR FORCE MEMBER MUST MEET THE ENLISTMENT REPORT OF THE ENLIS OF THE EN | | | | | TO TO OTA | 13.CT. | | |
| | STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION.// | | | | | | ask | | |
| | | | | | 414 700 414 700 | | Tare | | |
| z | 31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street RFD City County State and TIP Co.ds) (Street RFD City County State and TIP Co.ds) | | | ED OR DISC | HARGED | £/h | | | |
| 2 | (Street, RFD, City, County, State and ZIP Code) 1993 PENNSYLVANTA ST | | 4) | *** *** | | C | . Z * . | | |
| 5 | GARY IN 46407 | | | D. 1 | - A O | Survey Have or | | | |
| Z | 33. TYPED NAME GRADE AND TITLE OF AUTHORIZING OFFICER R. SCHMIDT, MSGT, USAF | | 34, SIGNATURE OF QU | TO ENAUTHORIZED TO | ign | m- "Hands, sorth, James, and | | | |
| 樂月 | (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | | | | | | |
| AUTHENTICATION | NCOIC, REENLISTMEN | UDAL TS & SEPARATIONS | 1 /2 | < \/// | | 111 | · | | |

DD 1 JUL 70 214

PREVIOUS EDITION OF THIS FORM IS TO BE USED.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

NC

Míchelle R. Fajman

Recorder of Deeds Lake County Indiana 2293 North Main Street Crown Point, In 46307 219-755-3730 fax: 219-648-6028

Certification Letter

State of Indiana) County of Lake)

This is to certify that I, Michelle R. Fajman, Recorder of Deeds of Lake County, Indiana am the custodian of the records of this office, and that the foregoing is a full, true and complete copy of a

| UNITED STATES DISCHARGE (AIR FORCE) FOR THOMPSON, GLENN | | | | | | |
|--|--|--|--|--|--|--|
| NOTOPPICIAL | | | | | | |
| | | | | | | |
| This Document is the property of | | | | | | |
| the Lake County Recorder! | | | | | | |
| as recorded as 2011-045548 | | | | | | |
| as this said document was present for the recordation when Michelle Fajman | | | | | | |
| was Recorder at the time of filing of said document | | | | | | |
| Dated this day of August,2011 | | | | | | |
| Benery Bridgeman Deputy Recorder | | | | | | |
| - Arman & Jellie 183 | | | | | | |
| Michelle R. Fajman, Recorder of Deeds | | | | | | |

Lake County Indiana

Form # 0023 Revised 5/2002