

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER		
1. LAST NAME - FIRST NAME - MIDDLE NAME HOPPE MICHAEL DAVID		NA		567 64 7738		
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AF RegAF		5a. GRADE, RATE OR RANK SGT	5b. PAY GRADE E-4	6. DATE OF RANK DAY MONTH YEAR 01 Oct 68		
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Eugene, OR (Lane)		9. DATE OF BIRTH DAY MONTH YEAR 21 Mar 46		
10a. SELECTIVE SERVICE NUMBER NA		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA		11. DATE INDUCTED DAY MONTH YEAR NA		
11a. TYPE OF TRANSFER OR DISCHARGE Discharge		11b. STATION OR INSTALLATION AT WHICH EFFECTED Kingsley Fld, Klamath Falls, OR 97601		12. EFFECTIVE DATE DAY MONTH YEAR 15 Sep 72		
12. REASON AND AUTHORITY (SDN413) AFM 39-10, Ch 3, Sec B, Par348j & Ltr 4661 ABGP		13a. CHARACTER OF SERVICE HONORABLE		13b. TYPE OF CERTIFICATE ISSUED DD Form 256AF		
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 26Apr72, Early Rel to Attend School		14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA		15. REENLISTMENT CODE 2		
16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		18. TERM OF SERVICE (Years) DAY MONTH YEAR 4 10 Oct 68		
19. PRIOR REGULAR ENLISTMENTS One (1)		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC SGT (E-4)		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Mt Hebo, OR 97122		
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Lowell, OR 97108		22. STATEMENT OF SERVICE		23. CREDITABLE FOR BASIC PAY PURPOSES		
23a. SPECIALTY NUMBER & TITLE 30352 AC&W Radar Rpmn		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Radio Rpmn 720,281		24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED AFGCM W/1 BrOLC (25Jan71) NDSM AFLSA (25Jan69)		
25. EDUCATION AND TRAINING COMPLETED NA		26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) None		26b. DAYS ACCRUED LEAVE PAID		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> NONE		30. AMOUNT OF ALLOTMENT NA		31. MONTH ALLOTMENT DISCONTINUED NA
32. REMARKS High School: Grad Blood Gp: A-Pos AQE: A-65, E-90, G-70, M-75 Indochina-No, Korea-No Vietnam-No. FNAC & CPR Feb65, 4th OSI Dist, Bolling AFB, D.C. 20203. I have been counseled as to the 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.		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Michael D Hoppe</i>				
34. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 4310 Maplewood St. (Klamath) Klamath Falls, OR 97601		35. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Earl O. Hitchings</i>				
36. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER EARL O. HITCHINGS, MSGT, USAF NCOIC, R&S SECTION						

DD FORM 214
JUL 68

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

STATE OF OREGON; COUNTY OF KLAMATH; ss. **76216** Volm 73 Page **5552**
Filed for record at request of **Michael David Hoppe (Hoppe)**
this **8th** day of **May** A. D., 19 **73** at **2:13** o'clock **P.** M., and duly recorded in
Vol. **M 73**, of **Discharges** on Page **5551**
NO FEE
By **WM. D. MILNE, County Clerk**
April Sheeler