

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME YAKE SYLVAN LEE		2. SERVICE NUMBER RA16 914 417		3. SOCIAL SECURITY NUMBER 520 50 3501		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA UNASCD		5a. GRADE, RATE OR RANK SP5 (P)	5b. PAY GRADE E5	6. DATE OF RANK 12 FEB 68		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. PLACE OF BIRTH (City and State or Country) KETTLE FALLS WASH		9. DATE OF BIRTH 4 SEP 47			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 48 3 47 54		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB 3 GILLETTE CAMPBELL WYOMING		10c. DATE INDUCTED NA		
	11a. TYPE OF TRANSFER OR DISCHARGE TRFD TO USAR SEE ITEM #16		11b. STATION OR INSTALLATION AT WHICH EFFECTED US ARMY PERSONNEL CENTER OAKLAND CALIF				
TRANSFER OR DISCHARGE DATA	12. REASON AND AUTHORITY SEC VIII CH 5 AR 635-200 SPN 413 SCHOOL RELEASE				13. EFFECTIVE DATE 1 SEP 69		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 2D BN 51ST ARTY		13a. CHARACTER OF SERVICE HONORABLE		13b. TYPE OF CERTIFICATE ISSUED NONE		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTROL GROUP: REINF :US ARMY ADMIN CENTER ST LOUIS MO				15. REENLISTMENT CODE RE- 2		
SERVICE DATA	16. TERMINAL DATE OF RESERVE UMT&S OBLIGATION DAY MONTH YEAR 7 NOV 72		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		17b. TERM OF SERVICE (Years) 3	17c. DATE OF ENTRY DAY MONTH YEAR 8 NOV 66	
	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E1 (P)		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) DENVER COLORADO		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) BOX 1171 GILLETTE CAMPBELL WYOMING		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
	23a. SPECIALTY NUMBER & TITLE 71H20 PERS SPEC		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 205.368 PERS CLK				
			24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED				
			25. EDUCATION AND TRAINING COMPLETED				
			26. NON-PAY PERIODS TIME LOST (Preceding Two Years) NA		27. DAYS ACCRUED LEAVE PAID 00		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			28. VA CLAIM NUMBER C NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$0.000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		29a. AMOUNT OF ALLOTMENT NA
			30. REMARKS BLOOD GROUP: O+ CIVILIAN EDUCATION: 12YRS ITEM 5A: PERM GRADE 8 DAYS EXCESS LEAVE 1-8 MAR 69				
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) BOX 325 PINEDALE WYOMING		32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Sylvan L. Yake</i>				
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER A M KRITSCHER CPT AGC ASST ADJ		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>A M Kritscher</i> 1L4					

DD FORM 214

1 JUL 66

PREVIOUS EDITIONS OF THIS FORM
ARE OBSOLETE EFFECTIVE 1 JAN 67.

GPO : 1966 O - 233-125

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

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