

Biographical Data Form

To ensure inclusion in the Veterans History Project, this form must accompany each submission. Please use reverse or additional sheet if service was in more than one war or conflict.

PLEASE PRINT CLEARLY

Veteran Civilian JAMES EDWARD Lebowitz
first middle last maiden name

Address _____

City _____

Telephone _____

Place of Birth UNIONTOWN, PA Birth Date 1944 month/day/year

Race/Ethnicity (optional) CAUC Male Female

Branch of Service or Wartime Activity USAF

Commissioned Enlisted Drafted Service dates MAY 61 to OCT 82

Highest Rank SMSGT (E-8)

Unit, Division, Battalion, Group, Ship, etc. (Do not abbreviate.) 3rd Security Squadron

War, operation, or conflict served in VIETNAM

Locations of military or civilian service worldwide

Battles/campaigns (please name) TET 1968;

Medals or special service awards. If so, please list (be as specific as possible): Vietnamese Cross of Gallantry, AF Commendation Medal

Special duties/highlights/achievements Air Base Security

Was the veteran a prisoner of war? Yes No

Did the veteran or civilian sustain combat or service-related injuries? Yes No

Interviewer (if applicable) _____

(Please use reverse for any additional biographical information.)